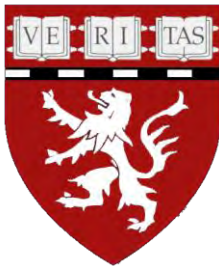



A Consortium of
Predoctoral Internship
Training Programs
Affiliated With:




Contact Us At:

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The Boston Consortium in Clinical Psychology



Predoctoral Internship Training Brochure

2010 – 2011 Training Year
First Edition

The Boston Consortium In Clinical Psychology

The *Boston Consortium in Clinical Psychology* consists of a **predoctoral practicum training program**, American Psychological Association accredited **predoctoral internship training program**, and two affiliated American Psychological Association accredited **postdoctoral fellowship training programs**. This brochure describes the training opportunities available through the predoctoral internship program.

The Consortium consists of a cooperative arrangement among five major training facilities: the *VA Boston Healthcare System* - Jamaica Plain Campus, Brockton Campus, West Roxbury Campus, the VA Boston Healthcare System Community Based Outpatient Clinic in Worcester, and the *Boston Medical Center* that is the primary teaching hospital of the Boston University School of Medicine. For the 2010 – 2011 training year, the Consortium anticipates providing pre-doctoral internship training for **nineteen** fully funded interns. The Consortium is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is among the largest training programs (i.e., out of over 550 listed) in the *APPIC Directory*. The Consortium is Fully Accredited by the American Psychological Association (APA). Our next Site Visit scheduled for 2015. In 1998, the Consortium became one of the first internship training programs admitted to membership by the Academy of Psychological Clinical Science (APCS). The twelve-month, full time, internship year starts on **September 1, 2010** and ends on **August 31, 2011**.

The primary objective of the Boston Consortium in Clinical Psychology is to provide a comprehensive predoctoral training program that assures the development of adequate levels of proficiency across the basic areas of clinical psychology including assessment, behavior change and psychotherapy, consultation, attention to issues of diversity, and scholarly inquiry. We believe that the internship year is critical in the transition of the individual from graduate student to professional psychologist. We encourage the development of a professional identity, professional values, and a professional demeanor along with these competencies in the practice of psychology. Interns are encouraged to be innovative and creative in their problem-solving endeavors while using well-established principles, techniques, and procedures as a basis for their professional activities. The expectation is that by the end of the training year, an intern will be able to function competently and independently (i.e., entry level practice or better) in the core competencies, listed below. Within the training program, general skills are emphasized. However, within the context of a professional development plan, the development of specialist skills is encouraged.

Model and Philosophy of Training

The *Boston Consortium in Clinical Psychology* is committed to the **scientist-practitioner / evidence based** model in the delivery of clinical care, clinical research, and professional teaching. We strive to provide interns with a significant breadth and depth of experience working with a variety of clinical populations and to simultaneously apply an approach of utilizing innovative scientific information in conceptualizing, assessing, and treating these clinical problems. This goal is greatly facilitated by the rich and diverse clinical research setting offered by the Consortium sites. This wealth of research resources creates an atmosphere that embodies the scientist-practitioner model and infuses the internship training sites with a spirit of clinical empiricism that influences and guides both the staff and the interns.

Psychology internship training within the Consortium recognizes and values the unique skills and characteristics of doctoral level psychologists, and aims to impart these to interns. The doctoral psychologist has advanced and distinctive skills in assessment, diagnosis, intervention, consultation, attention to issues of diversity, supervision, and scholarly inquiry. These skills are practiced in key areas including Post-Traumatic Stress Disorder, Substance Abuse, Severe Mental Illness, Medical/ Rehabilitation Psychology, Behavioral Medicine, both general Clinical and Geriatric Neuropsychology, Geropsychology, Child Psychology, in specialty or general inpatient and outpatient settings. As such, the Consortium values diversity in psychological applications and orientations reflecting the strengths of the training faculty, and encourages interns to capitalize on this diversity in relation to their individual interests and aspirations to support the beginning of a process of specialization.

The professional psychologist has unique characteristics related to psychology's heritage as a theoretical discipline and science, principles of science, and methodological foundations of science in psychology. Our training affirms this heritage in emphasizing the interaction among conceptualization, science, and practice. This foundation is evident in the critical thinking process of the professional psychologist, which is simultaneously aware of the self, the needs of the patient/client and

community, the context, and knowledge base. This reflective process promotes ethical behavior in all areas of professional functioning, and excellence in clinical, educational, and research activities.

We believe that teaching interns in clinical service, scholarly thinking, and clinical research design is best received and maintained within a "junior colleague" model of training. Our commitment to the interns' professional growth and scholastic development is conveyed in a supportive training atmosphere emphasizing individual strengths. Interns are challenged to think critically, and constructive criticism is offered in a non-threatening manner to encourage the intern's full creative participation in all endeavors, both scientific and clinical.

We tailor our training to be consistent with the current climate of clinical practice and research. As we prepare students for professional practice of psychology, we are aware that interns must be trained for delivery of brief, empirically defensible treatments with a broad spectrum of patients. The Consortium's didactics, symposia, and seminars are utilized effectively towards this end to inform and support the current model of clinical practice. Internship offers a window to the realities of clinical research and practice, and we believe that the training that alerts interns to these external economic, social, and political forces is important for a successful career.

Approach To Training

The *training objectives* of the Consortium are to provide the necessary clinical experience and didactic education that ensures the development of professional skills and competencies in the basic areas of psychology including assessment, treatment, consultation, clinical research, sensitivity to diversity issues, and professional ethics. A particular emphasis of the Consortium training model is to give interns direct contact with a wide range of populations and a variety of psychological disorders. To this end, the intern will find the opportunity to apply basic psychological principles and techniques in many very active patient care settings that represent specific areas of psychology.

The Consortium operates utilizing the following principles:

- Emphasis on patient-centered care;
- Emphasis on goal-directed treatment and outcomes;
- Emphasis on maximizing individual strengths;
- Emphasis on self-respect and human dignity;
- Emphasis on the patient's right to adequate medical, psychological, housing, educational, recreational, and other community services;
- Emphasis on patient rights, self-determination, and right to choose;
- Emphasis on active patient and family participation in treatment and in the implementation of plans;
- Emphasis on culturally appropriate services;
- Emphasis on delivery of care in the least restrictive environment;
- Emphasis on the value of peer support and interaction;
- Commitment to personal growth and development.

To achieve these principles, the Consortium assists interns in the following ways:

- First, we provide a structured, coherent, and integrated training program designed to develop clinically and academically well-rounded clinical psychologists.
- Second, we provide intensive and systematic training in the application of psychological principles to human problems and expose the intern to a

variety of patients, techniques, and approaches. This provides an opportunity for interns to develop and refine adequacy in conceptual skills, skills in interpersonal interactions such as therapeutic intervention, systematic observation of behavior, and psychological assessment; to develop values of professional responsibility and ethical behavior; and to integrate scholarly research findings in clinical practice.

- Third, we expose interns to a diversity of approaches to help them develop critically in their assessment of mental health issues.
- Fourth, we place emphasis on the intern's assuming increasing responsibility for setting individualized training goals and in assuming responsibility for major professional functions and patient care on their assigned units. We see as one of our major responsibilities to integrate the didactic learning of the university with the practical knowledge and skills of the professional psychologist. Our major resource in this endeavor is the significant investment of enthusiasm, energy, and time of many doctoral psychologists, dedicated to the supervisory/training process.
- Fifth, we provide ample supervision throughout the internship year.
- Sixth, formal and informal teaching (seminars, lectures, etc.) are an integral component of the training program.

Core Competencies

The following descriptions of the Core Competencies provide an overall outline as to the knowledge and skills that all interns within the program are expected to demonstrate. Each of these broad competencies or goals are further defined through specific objectives and skills, which ultimately serve as the basis for intern evaluation.

- **Professional Conduct, Ethics, and Legal Matters:** This competence area includes many behaviors inherent in the role of psychologist. As an example, interns will demonstrate an ability to engage effectively in the various processes involved in an internship (e.g., participation in case conferences and didactic core curriculum seminars; evaluation of rotations and supervisors; maintenance of all required records and documentation; participation in supervision; effective management of time, etc.) as well as observance of the APA *Ethical Principles of Psychologists* and *Code of Conduct*.
- **Theories and Methods of Psychological Diagnosis and Assessment:** Interns must meet the training objectives in psychological assessment that are specified by their training rotations. By the completion of the internship, each intern should have a working proficiency in basic assessment areas, a beginning proficiency in the area of specialization, and the ability to recognize when professional supervision or referral should be sought.
- **Theories and Methods of Effective Psychotherapeutic Intervention:** Psychologists perform a wide variety of therapies. Each intern is required to demonstrate competence with the types of therapies required for a given rotation. As with assessment, interns should demonstrate a working proficiency in basic areas of therapeutic intervention, a beginning proficiency in their area of specialization, and the ability to recognize when professional supervision or consultation should be sought or a referral should be made. Key features include an understanding of the applications and limits of psychological interventions within interdisciplinary treatment contexts, and the ability to evaluate treatment options in terms of supporting empirical evidence.
- **Consultation and Supervision:** The Consortium assumes that interns will have had little, if any, prior experience in the role of a professional consultant. Therefore, the training objectives here are directed toward grounding interns in the basic principles and “how to do” aspects of consultation. The training objectives are achieved through both didactic seminars in consultation theory and experience in settings wherein consultation activities are required. The specific involvement of each intern in consultation activities varies somewhat according to his/her rotation.
- **Individual and Cultural Diversity:** Each intern is expected to demonstrate sensitivity and competence in providing psychological services to individuals with diverse backgrounds, for example, different ethnic backgrounds, gender issues, sexual orientation issues, age, disabilities, and the unique experiences of veterans, etc. The training objective is achieved through both didactic seminars in diversity issues and experience in settings wherein contact with patients from diverse backgrounds and abilities is required.
- **Scholarly Inquiry and Application of Current Scientific Knowledge to Practice:** While the primary focus of the Consortium training program is the development of the intern’s skills as a clinician and professional, the internship provides an array of clinical research and other scholarly inquiry opportunities across the training sites. Throughout the internship, interns are assured a minimum of two hours of protected time within their

regular schedules for activities related to the scholarly inquiry / research competency. These two hours are seen as a base, but interns can avail themselves of research opportunities beyond these dedicated hours. Members of the training staff achieve a balance of scientist and practitioner in their professional lives which serves as a clinical-academic model for interns. As such, both our training setting and training model provide a rich context within which interns are invited and encouraged to show clinical science mastery in a content area of their choice in preparation for competitive job searches in academic, medical center, or clinical settings. Interns are exposed to various aspects of research and grant application procedures including coordination of data collection, analysis, and manuscript writing. Intern activities may include, but are not limited to, participation in research lab meetings and other team

collaborations, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, developing posters or presentations, and manuscript preparation.

During their graduate training in psychology, predoctoral interns should have already obtained a general background in research methodology, design and applied statistics, APA Ethical Principles pertaining to research on human subjects, as well as the fundamentals of evaluating and writing research reports. The clinical research competency, then, really constitutes an opportunity to demonstrate and perhaps broaden these skills in the context of the clinical and research programs associated with the Boston Consortium.

Goals of the Internship

Each of the internship's rotations shares the common training goals of our internship program. However, as some of these rotations also represent a specialty or emerging specialty area of psychology, the faculty and staff also attempt to stimulate interest and professional development in them. Sample goals of the internship are:

- To develop a high standard of ethical practice and patient care.
- To promote active participation in the training, clinical services, didactic instruction, administrative, and the overall activities of the Consortium.
- To develop professional competence in psychological theory, evaluation, diagnosis, intervention, and assessment.
- To develop professional competence in the delivery of psychological services to a wide range of patients.
- To encourage the development of professional skills in working with, and providing consultation to, other health care specialists within a multidisciplinary medical setting.
- To promote an understanding of individual and cultural diversity and its impact on all components of professional practice.
- To enhance the understanding of the scientific foundations of psychology, including an appreciation of empirically validated interventions, and the ability to contribute to science through research endeavors.
- To prepare the intern to be competitive for postdoctoral training fellowships and entry level clinical and academic positions.
- To enable the intern to complete internship requirements necessary to apply for state licensure as a psychologist in most states.

Overview of Training Rotations

The *twelve-month*, full-time, 2080-hour training year is divided into two rotations (one eight-month and one four-month) that are located within and among the five training sites. Each intern applicant applies to the rotations or areas of emerging specialization that represent their career focus or interests. As an APPIC member program, the Consortium will be participating in the computer matching system that will be used again this year. Selected applicants will be given additional information during their personal interviews.

VA Boston Healthcare System Jamaica Plain Campus:

- ✓ Neuropsychology
- ✓ General Mental Health Clinic
- ✓ Medical Psychology
- ✓ National Center for Post Traumatic Stress Disorder - Behavioral Sciences Division
- ✓ National Center for Post Traumatic Stress Disorder - Women's Health Sciences Division
- ✓ Substance Abuse Treatment Program

VA Boston Healthcare System West Roxbury Campus:

- ✓ Rehabilitation Psychology

Boston Medical Center:

- ✓ Clinical Child Psychology

VA Boston Healthcare System Brockton Campus:

- ✓ Geropsychology
- ✓ Severe Psychopathology
- ✓ Substance Abuse Treatment Program

Worcester VA Outpatient Clinic:

- ✓ Outpatient Treatment that includes experiences in Triage, Managing Anger Program, Neuropsychology, Smoking Cessation, and individual and group psychotherapy. In addition, one day of assessment at Brockton psychiatric inpatient program is included.

The Training Program

The *Consortium* enters a training agreement with the intern's university and graduate program. This collaborative effort is designed to ensure continuity in the intern's training and to facilitate communication between the programs.

The Consortium contacts each intern's University Director of Training before the beginning of the internship year, and requests input in the professional training needs of the intern. This information is integrated into an individualized training experience. Progress in the internship is communicated to the intern's doctoral program through a thrice annual written evaluation that includes a summation of evaluations by each intern's supervisors.

Supervision

Of the many ways to measure the strength of a pre-doctoral internship, the Consortium emphasizes the importance of multidisciplinary supervision and "hands-on" experience. Our training methods include:

- ✓ Direct experience in performing clinical duties and responsibilities;
- ✓ One-to-one supervision as well as supervision in a group;
- ✓ Direct teaching in clinically oriented seminars and conferences;

- ✓ Supervised presentations at case conferences and seminars;
- ✓ Consultation to other Services and Departments;
- ✓ Experience in scholarly inquiry / clinical research;
- ✓ Observation of role model professional psychologists.

The clinical staff and consultants of the Consortium offer supervision in adult, adolescent, and child psychotherapy, directed toward both inpatients and outpatients. The range of areas in supervision is extensive and includes cognitive-behavior therapy, behavior therapy, psycho-dynamic psychotherapy, marital and family psychotherapy, group psychotherapy, and child and adolescent psychotherapy, among others. Experiences in behavioral and psycho-diagnostic assessment are offered within the context of different rotations and through didactics. Our neuropsychology staff offers supervision in neuropsychological screening and assessment as well as consultation on therapeutic interventions with the neurologically impaired patient. ***All interns receive a minimum of four (4) hours of supervision per week with a minimum of two (2) hours being spent in individual, face-to-face supervision.***

Each intern has the assistance of a Consortium Internship Advisor (CIA), a non-evaluative faculty mentor and resource, who may be selected by the intern based upon specific career interests or other factors (e.g., due to experiences balancing career and family). The CIA assists in the overall coordination of the intern's training experience throughout the internship across both major training rotations. The CIA ensures that the training objectives of the Consortium, as well as the individual objectives of the intern, are satisfied. At times, this may include arranging externships, encouraging research activities in areas of interest, and serving as an advocate for the intern to other training staff, if necessary. It is hoped that this will develop into a true mentoring relationship where the mentor remains involved in the intern's professional life beyond the internship year. We recognize the great potential value in the relationship between CIA/

Mentor and intern and encourage interns to seek a suitable CIA/ Mentor from among the Consortium's supervisors. We support the development of these relationships even if they occur outside the intern's major training rotations. Finally, we recognize that the relationship between an intern and the CIA/ Mentor may change in terms of focus and specific goals during the internship; thus, there is a continuing process of reevaluation in these roles. And, of course, interns often seek and obtain the assistance of additional mentors within the internship year.

The intern's primary and other case supervisors are assigned as determined by a given rotation training site and may include additional case supervisors, a testing supervisor, a group psychotherapy supervisor, or others. One particularly important training objective of the Consortium is that each intern gain experience with two long-term cases that can be followed over the full internship (*i.e.*, 8 or more months) with the same supervisor(s).

Instruction

The Consortium offers many opportunities for didactic educational activities. A Core Curriculum of seminars and presentations are provided for all interns who meet together one afternoon per week irrespective of site or training rotation. Three broad content areas are included in the Core Curriculum: Topics in Assessment, Topics in Psychotherapy, and Professional Issues. In addition, each site and most rotations define specific educational activities directly related to the given site and rotation. Interns are expected to attend the Core Curriculum series of seminars as well as rotation-specific activities. Attendance at seminars of other rotations and other general (VA Boston Healthcare System and Boston Medical Center) training events is also possible, depending upon training goals and the primary rotation's schedule.

Clinical Research

A minimum of two hours of protected time are provided for scholarly inquiry / clinical research activities, as this is an area of competency for all interns. Dissertation work is not included in the

intern's protected research time, during regular work hours. Rather, these protected hours are intended to ensure that the intern's scholarly inquiry / research collaborations are directly tied to the internship's experience and opportunities. Members of the training staff provide a variety of professional models for interns, as both scientists and practitioners, and serve as clinical-academic mentors for each intern. Our clinical and training settings provide a rich milieu within which an intern is able to develop and to demonstrate scientist-practitioner skills. Interns are invited to participate in various aspects of scholarly inquiry, program evaluation, dissemination, and clinical research activities, including grant application procedures, coordination of data collection and analysis, literature review, manuscript writing and conference presentations. Intern activities may

include, but are not limited to, becoming familiar with the research area through reading and literature searches, consulting on and participating in some of the daily tasks of data collection and coding, data entry and data analysis, and manuscript writing, and preparation of posters and other presentations. For interns who have defended dissertations prior to (or in the early months of their internship), there are many opportunities for more ambitious research involvement. For interns who wish to pursue more significant research activities, potential collaborations with many different faculty members are available. ***For interns who are interested in expanded scholarly inquiry and research opportunities, the option to pursue a research externship (up to 8 hours per week) within some rotations may be feasible.***

Candidates

Pre-Doctoral Interns

The Consortium **only** accepts students currently matriculated in an American Psychological Association (APA) approved doctoral program in Clinical Psychology or Counseling Psychology. *The Consortium does not differentiate between clinical and counseling psychology students either in the application/selection process or in their applied training.* Students will find doctoral-level psychologists from both applied areas on the training faculty.

In addition to APA accredited graduate program enrollment, all candidates for admission will also meet the following requirements:

- ✓ Eight hundred (800) hours of formal, supervised practicum training (see *APPIC Application* "Summary of Practicum Hours");
- ✓ Adequate preparation for Internship as indicated by a statement from the applicant's Program Director *APPIC Application*;
- ✓ United States citizenship.

Respecialization Candidates

The Consortium welcomes applications from doctoral psychologists who are respecializing in Clinical or Counseling Psychology, that is, psychologists who hold doctoral degrees in areas other than Clinical or Counseling Psychology. Applicants for admission must meet APA requirements that state, in part, that these psychologists must be certified by a director of an APA accredited "graduate professional psychology graduate program as having participated in an organized program in which the equivalent of pre-internship preparation (didactic and field experience) has been acquired." *The Consortium does not differentiate between these students and other applicants in selection, stipend, or training.*

Minority Candidates

Applications are particularly welcomed from minority candidates. The cities of Boston, Brockton, and Worcester are vibrant, dynamic, multiracial, and multicultural cities. Taken as a whole, the patient population and professional staff of the five training sites reflect this diversity. As part of our Distinguished Lecturer Series in the Core Curriculum, we invite professionals with recognized expertise in

cultural and individual differences to address the internship class. This combination of diversity of population, supervisory psychologists, and

consultants provides interns the knowledge, skills, and sensitivities to practice in our pluralistic society.

Application Process

Procedure

1. All applications to our internship program will take place through the **APPIC Application for Psychology Internship (APPIC)** Match process. Thus, all materials will be uploaded through the AAPI online portals, described in APPIC and National Matching Services materials.
2. Please visit the APPIC website at www.appic.org and click on the AAPI Online link. Completed internship applications and supporting materials are due in November each year; this year the due date will be close of business (COB) on **Monday, November 9, 2009**. **All application materials must be submitted through the AAPI Online portals and available for review by us on or before this date.** We encourage applicants to submit materials, before that date, but all complete applications submitted by the COB of November 9th will be reviewed. Incomplete applications will not be reviewed by our Selection Committee.

Our application and selection process have been developed to comply with the policies and procedures developed by APPIC including the policies governing the Match. It is our intention to be in full compliance with both the letter and the spirit of the APPIC policy. Thus, our internship fully abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

All required application materials (items 1-5, below) should be submitted using the AAPI Online system and procedures. Follow all instructions accompanying the AAPI Online to enter your information directly, or upload your documents (items 1-3). We encourage all CVs to be uploaded as Microsoft Word (version 2003 or

earlier) or Adobe Acrobat files. Only the transcript (item 4) should be mailed in hard copy form to the AAPI Online application address.

Required materials for application:

1. Completed **AAPI Online** application and **Curriculum Vitae**.
2. Completed **Training Interview Assignment Form** (Boston Consortium, 2010 – 2011 version); upload this as part of your supplemental materials. *This form allows you to specify up to two potential 8-month (Match) rotations to which you wish to apply. For candidates who are invited, this form will assist us in arranging interviews.*
3. **Transcripts** of graduate work. [As described in AAPI Online materials, you should mail one official copy of all graduate transcripts to the AAPI Online application address.]
4. **Verification of AAPI** by your doctoral program (DCT) through the DCT Portal of the AAPI Online system.
5. **Three (3) letters of recommendation** from faculty members or practicum supervisors, who should be well acquainted with your clinical and research work. Recommendation letter writers should upload an electronic copy to the Reference Portal of the AAPI Online system.

Please note that the Consortium requires completion and submission of our own **Training Interview Assignment Form**. Please take care in completing this form. Please indicate up to two (2) training rotations in which you wish to interview by placing an “X”

to the left of its name. Due to the high volume of applications received and limitations on reviewer's time, please check no more than 2 rotations. [NOTE: We are asking for your interview preferences in accordance with APPIC Match Policy 3d. We will use this information for routing applications and the scheduling of interviews. Given the large number of applicants and rotations within our internship, it is essential that we obtain information about applicants' wishes to interview with the respective rotations, in order to plan interview day schedules.]

Deadline **November 9, 2009.**

Interviews

Interviews are by invitation only.

We believe that the personal interview is critical in arriving at mutual decisions about selection. Candidates selected for interview will be contacted by mail and/or email on or before December 1, 2009.

We anticipate interviewing on December 14, 2009 and on five days in January 2010, as yet undetermined. To the extent possible and within the constraints of staff schedules, the convenience of the candidate will be considered in scheduling interviews.

Interviews last the full business day. During the interview day a photograph will be taken.

Upon notification of selection for interview, it is the candidates' responsibility to arrange one by calling (857) 364 – 4035. **Selected candidates wishing to interview on December 14th should contact us as soon as possible after notification, but no later than December 8th.** Those wishing a **January** interview date should contact us no later than **December 14, 2009** to schedule a visit and personal interview.

Stipend and Benefits

The stipend for internship positions is \$24,418 for the training year. The stipend requires 2080* hours of training over 52 contiguous weeks during the internship. One frequently asked question concerns health insurance. At the

present time, **all** of our internship positions offer health insurance benefits. Interns also receive emergency medical treatment for work-related illness or injury at the training sites.

It is anticipated that interns will receive faculty appointments at *Boston University School of Medicine* and at *Harvard Medical School* during the training year.

Interns earn 104 hours of paid discretionary time (vacation, etc.), 104 hours of paid sick leave, receive ten paid holidays, and are given up to 40 hours of paid educational leave to attend conferences, major professional meetings and symposia.

(* including holiday and leave hours)

Statement of Nondiscrimination

The Boston Consortium in Clinical Psychology Internship Training Program is committed to a policy of nondiscrimination on the basis of race, sex, age, religion, color, national origin, ancestry, handicap, marital status, arrest and court record, sexual orientation, and veteran status. Our policy covers admission and access to, and participation, treatment, and employment in, all programs and activities.

Contacting Us:

The Chief, Psychology Service, the Consortium Internship Director, and the Director of Admissions have their offices at the VA Boston Healthcare System – Jamaica Plain Campus. Office hours are from 8:00 AM to 4:30 PM Eastern Standard Time, Monday through Friday. The offices are located in the main building on the 4th and 7th floors. You can contact us by using the following:

Voice: (857) 364 – 4035 or
(857) 364 – 4074 (Dr. Shaw)
Fax: (857) 364 – 4408
E-mail: stephen.lancey@va.gov
keith.shaw@va.gov
jennifer.vasterling@va.gov

Web:
<http://www.boston.va.gov/psychologytraining.asp>

APA Accreditation

Any questions regarding the accreditation status of the Boston Consortium in Clinical Psychology may be addressed to the Commission on Accreditation (CoA):

Office of Program Consultation and Accreditation
Education Directorate
American Psychological Association
750 First Street NE
Washington, D.C. 20002-4242
202-336-5979

www.apa.org/ed/accreditation



Description of Training Rotations 2010 - 2011 Internship Year



Child Psychology

At the Boston Medical Center

Overview

For interns seeking clinical experiences that focus on children, adolescents, parents, and families, the Consortium includes a Child Psychology rotation housed at the Boston Medical Center's (BMC) Department of Child and Adolescent Psychiatry. This rotation is offered as an eight-month or four-month placement and is designed to provide a range of training opportunities in the assessment and treatment of inner-city children and adolescents presenting with psychiatric problems. The majority of BMC Child & Adolescent rotation clinical experiences occur within two primary settings, the Outpatient Clinic and the Consultation Liaison Service. Interns experience a variety of valuable training opportunities including standardized assessment (including diagnostic evaluation as well as psychoeducational and projective testing), evidence-based group and individual psychotherapies, crisis intervention, multi-disciplinary collaboration, and hospital-based consultation.

Clinical Experience

Child and Adolescent Psychiatry Outpatient Clinic: Joanna Cole, Ph.D. and Marcia Conant, Ph.D. serve as primary supervisors in the Outpatient Clinic. The clinic provides interns with experience in standardized assessment and evidence-based treatment with 3 to 18 year old patients displaying a variety of disorders, including attention, disruptive behavior, conduct, mood, anxiety, and psychotic disorders. Interns work primarily with child and adolescent patients in individual treatment, but will also have the opportunity to conduct family therapy, group parent training, sibling dyad work, and/or group child social-emotional skills training. Clinical emphases in the outpatient clinic are standardized, state-of-the-art assessment techniques, precise diagnoses based on DSM-IV criteria, formulation-driven comprehensive treatment plans, multi-modal evidence-based treatments, and systematic assessment of treatment outcomes. Interns have approximately 16 direct patient contact hours per week in the outpatient clinic, including at least one new intake.

Child and Adolescent Psychiatry Consultation Service: Heather Walter, M.D. and Joanna Cole, Ph.D. serve as primary supervisors in the Consultation Service. The service provides interns with experience in consulting to pediatricians on medical and surgical pediatric units of the hospital. Clinical emphases on the consult service are understanding consultation questions, conducting focused assessments, creating a formulation designed to enhance understanding of mental health issues affecting pediatric care, and developing safe and practical recommendations for management and disposition. Interns have up to 4 direct patient contact hours every other week on the consult service.

Other BMC Services: Interns with special interest in working with young children (0-8 years) and families may have the opportunity to work with the **Child Witness to Violence Program which** specializes in clinical interventions with children affected by trauma and domestic violence.

	Those interns with an interest in working with high-risk adolescents may be partnered with staff in the Adolescent Clinic to provide outpatient services for pregnant and parenting youth as well as substance abusing youth, teens with HIV, and those who engage in risky sexual behaviors.
Seminars	Training Seminars: All BMC child rotation interns participate in a weekly didactic seminar designed to examine the topics and issues essential to effectively understanding and treating children and families. Child psychiatry faculty and staff as well as invited experts present a wide variety of topics in their areas of expertise. Trainees are also urged to attend weekly Grand Rounds in Psychiatry, Pediatrics, and Child Neurology.
Supervision	Interns receive three hours of individual and live supervision per week and at least one hour of weekly group supervision. Interns also participate in weekly multidisciplinary team meetings at which all new intakes and high-risk cases are presented to a team of staff psychiatrists, psychologists, and social workers. Interns also receive urgent consultation by staff attendings when needed.
Teaching	Interns are given the opportunity to present lectures in the trainee didactic series. Interns are also encouraged to present their dissertation research to the team for feedback prior to defense.
Research and Advocacy	When possible, research and advocacy activities can be arranged in intern's areas of special interest.

JP General Mental Health

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

Beginning with the 2009-2010 training year, two rotations (the Boston VA Outpatient Clinic operating at Causeway Street and Jamaica Plain, and the Boston VA General Mental Health Clinic operating at Jamaica Plain) merged to form the JP General Mental Health outpatient rotation. This new rotation allows opportunities for a cohort of three interns to obtain clinical training in multiple outpatient mental health programs that provide treatment for a range of psychological disorders, including The Center for Returning Veterans, the General Mental Health Clinic and the Mood and Anxiety Disorders Clinic. These clinical programs also offer interns multiple opportunities to treat patients in individual, group, and couples therapy formats. Interns may also have the opportunity to supervise externs or other trainees and to receive supervision of supervision. Interns are encouraged to participate in multiple ongoing federally-funded research studies in these program areas, as part of their scholarly inquiry (research) activities. (See the final section, entitled “Research,” below.)

The rotation is located entirely on the Jamaica Plain campus of VA Boston HCS. It is staffed by clinical supervisors who have worked together to train Boston Consortium psychology interns for decades. The rotation provides the interns with the opportunity to gain experience with a diverse client population. It also exposes interns to an expanded staff team with a variety of theoretical approaches and personal styles. Interns are encouraged to learn from multiple supervisors and to develop their own styles.

Clinical Experience

The JP General Mental Health rotation includes three major mental health programs listed above and described below. Intern assignments will be made with consideration for the needs and interests of the intern, in order to augment and broaden the intern’s clinical experience. Some additional options may be available as programs evolve. Assignments typically include involvement in at least two of the three following programs:

A. General Mental Health Clinic and

B. Mood and Anxiety Disorders Clinic

Supervisors: Melanie Vielhauer, Ph.D., Barbara W. Kamholz, Ph.D., Stephen R. Lancey, Ph.D., Phillip Kleespies, Ph.D., ABPP, and Gabrielle Liverant, Ph.D., James Munroe, Ed.D., Justin Hill, Ph.D., and Carolyn Stead, Psy.D.

The **General Mental Health Clinic (GMHC)** serves several functions in the VA Boston Healthcare System, including evaluation and treatment of general mental health difficulties, and referral for treatment in specialty clinics. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with

adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that are not best treated in a specialty clinic). The GMHC also houses the **Mood and Anxiety Disorders Clinic (MADC)**, which emphasizes differential diagnosis of mood disorders, non-PTSD anxiety disorders, and treatment of these disorders. The MADC is the primary referral clinic for veterans struggling with significant depressive, manic, or non-PTSD anxiety symptoms. The staff and trainees are multidisciplinary with representatives from psychology, psychiatry, and social work. The Clinics also provide opportunities for interns to interact with staff from Nursing and Medicine.

Treatment in both the GMHC and MADC is geared toward reducing psychiatric symptoms and patient distress, strengthening skills and coping resources, and improving psychosocial functioning and quality of life. A variety of theoretical approaches to treatment are utilized, including cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems. Cognitive-behavioral, behavioral, acceptance-based, and other empirically-supported interventions are particularly emphasized in the MADC. Psychometrically-validated pre- and post-treatment assessment instruments are also used to evaluate treatment outcome.

Assessment and Consultation: Psychology interns in the GHMC and MADC have multiple opportunities to strengthen their diagnostic and assessment skills. Interns conduct in-depth mental health screening interviews on veterans referred to the clinic, with a focus on diagnosis, risk assessment, and case disposition. Interns also conduct more comprehensive biopsychosocial evaluations in selected cases, such as those involving more complex differential diagnosis questions. Consultation services are provided to other mental health and medical staff, based on the information obtained through these assessment activities. Interns may also have the opportunity to provide mental health coverage for the **Urgent Care Clinic** at Jamaica Plain under the direct supervision of a senior clinical psychologist. This opportunity provides closely supervised experience in crisis management and the assessment of suicidal risk and risk for violence. In addition, it provides the intern with exposure to patients with a broad range of psychopathological conditions, including both acute and sub-acute symptoms (e.g., psychotic disorders, alcohol and drug intoxication).

Treatment: Interns are actively involved in the provision of both individual and group psychotherapy, with a focus on short-term, problem-focused treatment interventions. Interns will co-lead one or more psychotherapy groups with staff members and/or other trainees, typically using flexibly-administered, manual-based treatments. The following programs and groups are offered through the Clinics on a regular basis:

- ♦ **Group Treatment for Anxiety Disorders:** This short-term group is based on cognitive-behavioral principles and associated exposure-based interventions. The group is aimed at improving patients' functioning by facilitating habituation to, and acceptance of, anxiety responses.

	<ul style="list-style-type: none"> ♦ Depression Management Group: This short-term group utilizes a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring. ♦ Anger Management Group: This short-term (10 session) group provides treatment for veterans with anger management difficulties. Utilizing a cognitive-behavioral approach (with the opportunity to incorporate basic mindfulness techniques), the group is aimed at understanding and regulation of anger responses. ♦ Living with Bipolar Disorder: This short-term (12 session), skills-based group is provided in conjunction with medication management for patients diagnosed with bipolar disorder. The group focuses on skills to facilitate prevention and management of extreme mood shifts, using behavioral and systems-oriented interventions. <p>C. Center for Returning Veterans (OEF/OIF) <i>Supervisors: Erin Scott Daly, Ph.D., Kevin Brailey, Ph.D., and Rebekah Majors, Ph.D.</i></p> <p>The mission of the Center for Returning Veterans (CRV) is to serve the mental health needs of returning veterans from Operation Enduring Freedom and Operation Iraqi Freedom. This mission is accomplished through outreach to returning veterans, assessment and referral to specialty mental health services, and the provision of individual, group, and couples psychotherapy. Patients include male and female veterans and active duty service members who are experiencing a range of adjustment and mental health difficulties (e.g., adjustment disorders, PTSD, depression, anxiety disorders, interpersonal/marital difficulties, substance abuse). Interns will work as part of the CRV multi-disciplinary team and gain experience assessing and providing therapy for the wide range of adjustment and mental health issues seen in recently returned combat veterans. This includes training in the multimodal assessment of the range of psychiatric disorders, and individual, group, and couples therapy. Treatment offered includes psychoeducation, behavioral activation, skills training, cognitive therapy, motivational interviewing, trauma-focused treatment (including Cognitive Processing Therapy and Prolonged Exposure), and Seeking Safety treatment. Interns may also have the opportunity to participate in outreach events to returning veterans and their families.</p>
Supervision	<p>Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor will be responsible for supervision of cases, and will also be available for consultation in professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one on one) hours is met or</p>

	<p>exceeded and to provide multiple points of view. In addition to individual supervision, interns may participate in group supervision (2 – 3 trainees) that includes trainees at different levels of experience. Interns also participate in weekly multidisciplinary, clinical team meetings, providing additional opportunities for case consultation.</p>
Training in Supervision	<p>The JP General Mental Health rotation offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students on one to two cases during the eight-month rotation. Interns then receive supervision for their supervision from a staff psychologist. The three intern cohort meets weekly with the supervisor to address the issues that emerge for each of the supervisees. Readings on the supervisory process are provided and interns are encouraged to incorporate different points of view to develop their own style of supervision.</p>
Research	<p>Interns who are interested have the opportunity to collaborate with staff on a number of clinical research projects that are at various stages of development. GMHC/MADC staff are currently collaborating with additional Boston Consortium staff members and others on several federally-funded clinical research studies, including:</p> <p>Mood and Smoking: A Comparison of Smoking Cessation Treatments <i>VA; PI: Barbara W. Kamholz, Ph.D.</i></p> <p>Phenomenology of the Psychiatric Smoker <i>NIDA; PI: Barbara W. Kamholz, Ph.D.</i></p> <p>The Utility of Emotion Regulation Strategies in Unipolar Depression <i>VA; PI: Gabrielle Liverant, Ph.D.</i></p> <p>Treating Schizophrenic Smokers: Effects on Craving, Cues, and Withdrawal <i>VA; PI: Gary Kaplan, M.D.</i></p> <p>MTBI Effects on Emotion Symptoms, Neurocognitive Performance, and Functional Impairment: a Longitudinal Study of Deployed and non-Deployed Army Soldiers. <i>Department of Defense Congressionally Directed Medical Research Program, TBI Concept Award; PI: Kevin Brailey</i></p> <p>Level of intern research involvement during the rotation may vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities relevant to the Clinic, or independently propose and conduct a study under staff supervision. Intern candidates are encouraged to contact supervisors who share similar research interests to learn of the most current opportunities.</p> <p>Recent publications from this rotation include:</p> <p>Brief, D. J., Bollinger, A. R., Vielhauer, M. J., Berger-Greenstein, J. A., Morgan, E. E., Brady, S. M., Buondonno, L. M., & Keane, T. M. (2004). Understanding the interface of HIV, trauma, PTSD, and substance use and its implications for health outcomes. <i>AIDS Care</i>, 16(Supplement 1), S97-S120.</p> <p>Cuevas, C. A., Bollinger, A. R., Vielhauer, M. J., Morgan, E. E., Sohler, N. L., Brief, D. J., Miller, A. L., & Keane, T. M. (2006). HIV/AIDS Cost Study: Construct</p>

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Geropsychology

At the VA Boston Healthcare System – Brockton Campus

Overview

The Geropsychology rotation provides interns with experiences to develop attitude, knowledge, and skill competencies for professional geropsychology practice, consistent with national standards. Geropsychology practice entails helping older persons and their families maintain well-being, overcome problems, and achieve maximum potential during later life. Goals of the rotation are for interns to develop skills in: (1) comprehensive mental health, cognitive, behavioral, and functional assessment with older adults; (2) psychological interventions with older adult patients with interacting medical, psychological, and psychiatric problems; and (3) consultation within complex systems (e.g., families, health care teams, community service networks), both to aid psychological assessment and to communicate psychological conceptualizations and recommendations to other care providers. Training focuses on helping interns to appreciate: the diversity of experience of older adults; the biopsychosocial and lifespan developmental perspectives critical for understanding older adult clients; the complex ethical dilemmas that can arise in geriatric care; the importance of interdisciplinary collaboration; and the growing research base that can inform geropsychology practice.

Geropsychology is a growing area of practice within professional psychology, given the demographics of our aging population, the need for mental health services for older adults and their families, and increasing opportunities for education and training in this field. The *APA Guidelines for Psychological Practice with Older Adults* (APA, 2004) helped to define the attitudes, knowledge, and skills recommended for competent geropsychology practice. The *National Conference on Training in Professional Geropsychology* (June, 2006) defined the Pikes Peak Model for Training in Professional Geropsychology, which further delineates competencies for geropsychology practice. The geropsychology rotation is informed by these national efforts, and aims to provide interns training consistent with a developing consensus on what makes a competent professional geropsychologist.

The Geropsychology rotation emphasizes closely supervised clinical experiences in outpatient mental health, long-term care, rehabilitation, and palliative care settings. We work closely with interns to assess their degree of prior training, experience, and competence in key geropsychology domains. This initial assessment helps to guide a training plan. We work to support the intern's development of an increased sense of confidence and autonomy in their varying geropsychology roles. Interns who complete an 8-month rotation should achieve a proficiency in geropsychology practice, while interns who complete a 4-month rotation will gain exposure and experience in professional geropsychology.

Clinical Experience

The geropsychology intern works in two distinct clinical settings over the course of the rotation, an outpatient geriatric mental health clinic, and the Community Living Center, which includes long-term nursing home, rehabilitation, and palliative care services. Approximately one day per week will be devoted to the outpatient clinic, and 2.5 days devoted to the nursing home setting (some flexibility according to intern's interests and training needs).

Outpatient Geriatric Mental Health Clinic: This busy clinic offers psychotherapy, psychopharmacology, and care coordination services to veterans over the age of 65. The clinic team includes two psychologists (Dr. Jennifer Moye, Director; Dr. Michele Karel), two social workers, a social work intern, two psychiatrists, and part-time service by three Geropsychology Postdoctoral Fellows and the Intern. The clinic receives referrals from primary care providers, psychiatry walk-in services, inpatient psychiatry, the geriatric evaluation team, and other specialty clinics. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset in late life. Typical clinical issues include: depression, grief, generalized anxiety, late-life PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuropsychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. We provide individual, couple's and family, and group psychotherapy services, and coordinate closely with psychiatry, social work, primary care, and/or community-based providers as appropriate. The intern attends a weekly clinic team meeting, conducts initial psychodiagnostic evaluations, and follows cases for individual, family, and group psychotherapy. Video-taping of therapy sessions is required.

Primary Supervisor: Jennifer Moye, Ph.D.

Community Living Center (CLC): The Brockton CLC offers both residential long-term care and inpatient rehabilitation services. Two ~40-bed units provide long-term, skilled nursing care as well as transitional and respite care. One ~40 bed unit provides rehabilitation/transitional care, typically as a transition from inpatient acute medical/surgical care back to home, or to long-term care if needed. One ~12 bed unit provides palliative care. Veterans receiving long-term care tend to be elderly, medically frail, and frequently psychiatrically and/or cognitively disabled. Veterans receiving rehabilitation care tend to be middle-aged or older, and frequently have complex, co-morbid medical, psychiatric, substance abuse, and social problems. The geropsychology intern serves as primary mental health consultant to one long-term care unit, and also has opportunities to consult to the rehabilitation and palliative care units. The intern attends weekly team meetings, and provides psychological assessment, psychotherapy, and consultation services. Skills developed include: participation in interdisciplinary team discussions of treatment planning; cognitive and mood screenings; capacity evaluations; differential diagnosis in complex geriatric patients; adapting psychotherapy interventions for frail elders; providing reminiscence group therapy; providing psychological services to patients and families at the end of life; and providing nursing staff education and support. Assessment issues include differential diagnosis, decision making

	<p>capacity, defining the impact of psychological issues on rehabilitation, and communicating assessment results to patients, families, and treatment teams.</p> <p><i>Primary Supervisors: Kelly Trevino, Ph.D. and Michele Karel, Ph.D.</i></p>
Supervision	<p>The geropsychology intern receives three hours of individual supervision and one hour of group supervision each week. Dr. Moye meets with the intern for one hour to discuss outpatient work. Dr. Trevino meets with the intern for two hours during the week to discuss CLC work. Drs. Trevino and Karel run a weekly supervision group for the Geropsychology Fellows, and Intern, who are working in the CLC units. Two Fellows work in the CLC, each covering one of the other two units. The Intern will collaborate and consult with the Geropsychology Fellows.</p>
Seminar	<p>The geropsychology intern participates in a weekly geriatric mental health seminar/journal club run by Drs. Trevino and Karel. The seminar is attended by the Geropsychology Fellows and Intern, as well as geriatric psychiatrists and social workers and their trainees as available. Interns have opportunities to attend other educational opportunities within aging offered through the GRECC program and Harvard hospitals.</p>
Selection Criteria	<p>The successful applicant will have had a minimum of one practicum experience with an older adult and/or medical population. Coursework and/or research in the areas of adult development and aging, clinical geropsychology, behavioral medicine, rehabilitation psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of aging is beneficial. Previous exposure to cognitive or neuropsychological assessment of older adults is useful but not required.</p>
Professional Activities	<p>Interns are encouraged to collaborate on research and other professional activities with Drs. Karel, Moye, and Trevino, who collaborate actively with each other across various projects and interests.</p> <p>Dr. Michele Karel is a national leader in geropsychology training. She co-chaired the 2006 <i>National Conference on Training in Professional Geropsychology: Developing the Pike's Peak Model</i>. She has been the director of the Geropsychology Postdoctoral Program at VA Boston since 1998, and is the Brockton site director for the Internship program. Dr. Karel is a long standing member of the Ethics Advisory Committee. Dr. Karel's research has focused on communication and advance care planning at the end of life, late life depression, and geropsychology training. She is particularly interested in ethical issues in geriatric care.</p> <p>Dr. Jennifer Moye has two primary areas of research interest: capacity and integrated health care. She is a nationally recognized expert in the assessment of decision making capacity in older adults. In this area her research focuses on improved methods for capacity assessment for medical decision making and guardianship. She was the VA Boston PI of the "UPBEAT" project, a multi-site</p>

	<p>study of integrated treatment and care management for adults with medical and behavioral health issues, and the VA Boston PI of the “Partners in Dementia Care” project, a multi-site study of collaborative dementia care with the Alzheimer’s Association. She is currently studying cancer survivorship focusing on gaps in integrated healthcare needs, related to the psychological and physiological consequences of primary cancer treatment for survivors across the adult developmental lifespan.</p> <p>Dr. Kelly Trevino is leading the “Culture Change” effort at the Brockton Community Living Center, working with interdisciplinary staff, patients, families, and culture change committees at VA medical centers across the country to shift long-term care services towards a more patient-centered, residential model of care. Dr. Trevino is also working on interventions for disruptive behavior in the CLC and evaluation of the effectiveness of those interventions. Dr. Trevino’s research interests also include topics in the psychology of religion and spiritual coping in older adults. She has conducted projects on spiritual struggles, religious coping, religious prejudice, and confession and forgiveness. She is collaborating with Dr. Moye on research on cancer survivorship in older adults, and plans to continue to integrate her interest in religious and spiritual coping with her interest in geropsychology.</p>
Research	<p>Recent publications include:</p> <p>Karel, M. J. (2007). Culture and medical decision making. In S. H. Qualls and M. Smyer (Eds.), <i>Changes in decision-making capacity in older adults: Assessment and intervention</i> (pp. 145-174). Hoboken, NJ: John Wiley & Sons, Inc, 145-174.</p> <p>Karel, M. J. Ethics. In V. Molinari (Ed.) <i>Gerontological psychology</i>. Oxford University Press (in press).</p> <p>Karel, M. J., & Hinrichsen, G. Geropsychology. In J. C. Thomas & M. Herson (Eds.), <i>Handbook of clinical psychology competencies</i>. Springer (in press).</p> <p>Karel, M. J., Moye, J., Bank, A., Azar, A. R. (2007) Three methods of assessing values for advance care planning: Comparing persons with and without dementia. <i>The Journal of Aging and Health</i>, 19, 123-151.</p> <p>Karel, M. J., Powell, J., Cantor, M. D. (2004) Using a values discussion guide to facilitate communication in advance care planning. <i>Patient Education and Counseling</i>, 55, 22-31.</p> <p>Knight, B. G., Karel, M. J., Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak Model for Training in Professional Geropsychology. <i>American Psychologist</i>, 64, 205-214.</p> <p>Moye, J., Wood, S., Edelstein, B., Armesto, J. C., Bower, E. H., Harrison, J., Wood, E. (2007) Clinical evidence in guardianship of older adults in inadequate: Findings from a tri-state study. <i>The Gerontologist</i>, 47, 604-612.</p> <p>Moye, J. (2003) Guardianship and conservatorship. In: Grisso T, editor. <i>Evaluating Competencies (2nd ed.)</i> New York: Plenum; 309-390.</p> <p>Moye, J., Butz. S. W., Marson, D. C., Wood, E. (2007) A conceptual model and assessment template for capacity evaluation in adult guardianship. <i>The Gerontologist</i>, 47:591-603.</p>

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Medical Psychology

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The primary objective of the Medical Psychology Service is to provide interns with broad exposure to different medical populations and to a variety of evidence-based behavioral medicine interventions. Interns will develop an appreciation for the complex interrelationship between behavior and health and gain a clear understanding of the role that psychologists can play in enhancing health outcomes and quality of life.

Interns with a primary focus in Medical Psychology (those who complete an eight-month rotation) will have the opportunity to obtain significant breadth and depth of training by taking part in many or most of the clinical activities on this service. The comprehensive training can also include opportunities to provide supervision to practicum students and participate in program development and research activities.

Interns completing this rotation will achieve mastery in their ability to promote healthy behaviors, assist patients in adjusting to their medical condition and treatments, and teach effective coping skills. The eight-month Medical Psychology rotation provides excellent preparation for those interns seeking a career in behavioral medicine.

Interns with a secondary focus in Medical Psychology (those who complete a 4-month rotation) will also obtain significant experience with medical and health-related issues.

Health concerns are salient in all patient populations. Consequently, understanding the critical link between health-related behaviors and psychosocial issues will enable interns to conceptualize cases, implement interventions, and design research protocols using a multifaceted approach that incorporates these principles.

Training Objectives

The activities of the Medical Psychology interns are much the same as that of a staff Medical Psychologist. The training objectives include developing competency in:

- ♦ Conducting psychological assessments and writing up reports for different medical populations including evaluations for pre-surgical and pre-treatment candidates, chronic pain, sexual dysfunction, and intake and triage.
- ♦ Conducting individual, couples, and group psychotherapy with a wide range of populations including those with medical conditions and those seeking healthy lifestyle assistance. The intern will learn to develop and carry out evidence-based behavioral medicine treatment plans.
- ♦ Providing consultation-liaison to multidisciplinary treatment teams throughout the healthcare system and developing expertise and confidence in presenting cases at team meetings.
- ♦ Various aspects of behavioral medicine research through their involvement in an array of clinical research programs. Interns who are interested in more intensive training can become involved in ongoing research projects or initiate their own.

Clinical Experience

The Medical Psychology Service provides a broad range of services to medical populations throughout the VA Boston Healthcare System. In addition to participating in the specific groups and programs delineated below, interns also work with individual patients on a broad range of behavioral medicine issues. Treatment is typically geared toward helping patients cope effectively with major medical illnesses and invasive treatments, promoting healthy lifestyles, encouraging treatment compliance, and enhancing overall quality of life. Much of the treatment provided on Medical Psychology is short-term, cognitive-behavioral, and problem-focused, although there is also the opportunity to do longer-term treatment. The following is an overview of current clinical programs:

End Stage Renal Disease Program: This program offers opportunities for interns to evaluate and provide follow-up treatment for patients on hemodialysis. The interns work closely with a multidisciplinary dialysis team to provide comprehensive services. On the renal dialysis unit, the interns become familiar with the range of problems this population confronts. The interns' primary role is to facilitate the patients' adjustment to dialysis and to consult with the multidisciplinary treatment team. Issues addressed with this population include needle phobias and other anxiety reactions, death and dying, coping with a chronic illness, quality of life, family issues, and affective disorders.

Primary Supervisor: DeAnna Mori, Ph.D.

Transplant Program: The intern will have the opportunity to evaluate patients who are being considered for organ transplantation. The purpose of these evaluations is to determine the candidates' psychological appropriateness for transplantation, and the evaluation consists of a chart review, psychometric testing, and a structured interview. The types of transplantation that patients may be considered for include: kidney, liver, heart, lung, and bone marrow. Living donors are also evaluated in this program.

Primary Supervisor: DeAnna Mori, Ph.D.

Hepatitis C Clinic: This program offers opportunities for interns to gain experience in assessment and treatment for patients diagnosed with hepatitis C. Interns will conduct comprehensive pre-treatment evaluations to determine a patient's psychological suitability to undergo treatment for hepatitis C.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Psychology Pain Management Clinic: This program provides veterans who experience chronic pain with multidisciplinary pain treatment, the goal of which is to decrease pain, disability, and associated distress. Interns will be actively involved in conducting comprehensive pain assessments, presenting assessment results at multidisciplinary team meetings, and providing short-term, individually-based cognitive-behavioral treatments for chronic pain management.

Primary Supervisor: John Otis, Ph.D.

Cognitive-Behavioral Pain Management Group: Using a standardized, manual-based format, interns conduct a ten-week skills focused group for patients with

chronic pain that has not been alleviated by medical or surgical means. Interns learn the skills of group facilitation in a cognitive-behavioral context, a greater appreciation of the psychological aspects of chronic pain, and proficiency in the provision of several pain management techniques.

Primary Supervisor: Stephen R. Lancey, Ph.D.

MOVE! Weight Management Programming: The MOVE! Weight Management Program offers 12-week groups co-led by the Medical Psychology and Nutrition Services. Group members receive education on healthy eating and lifestyle change and learn strategies that support weight loss and healthy living more generally. Groups are open to both male and female overweight and obese veterans. Interns involved in this program will gain experience working in a multidisciplinary setting and conducting cognitive-behaviorally based interventions to facilitate weight loss and health promotion. Opportunities for program development and to conduct psychological evaluations for bariatric surgery may also exist.

Primary Supervisor: Allison Collins, Ph.D.

Diabetes Group: This program offers an on-going, monthly group co-led by the Medical Psychology and Nutrition Services. The group provides health education on topics related to the management of diabetes through a multidisciplinary lecture series. Issues addressed include proper foot care, stress management, physical activity, and nutrition. The group also provides a forum for information sharing among group members and an opportunity to address patients' diabetes-related concerns. Interns will have the opportunity to co-lead the group in conjunction with the Nutrition Service, to learn about diabetes and diabetes management in a multidisciplinary context, and to provide education and support to veterans with diabetes.

Primary Supervisor: Allison Collins, Ph.D.

Andrology Clinic: The Andrology Clinic is an outpatient sexual dysfunction assessment and treatment service. The clinic provides comprehensive differential diagnostic workups and problem-focused sex therapy for veterans and their significant others. Interns have the opportunity to learn and develop expertise in the following areas: differential diagnostic interviewing, assessment and treatment of sexual dysfunction within a medical center context, and the role of psychological factors in sexual dysfunctions of various bio-medical etiologies.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Smoking Cessation Program: Interns have the opportunity to co-lead pre-quit and post-quit smoking cessation groups with other psychology and pharmacy staff. The group approach offers support, motivational enhancement and cognitive-behavioral strategies, and nicotine replacement therapy. Interns will also be responsible for managing consults for the clinic. Didactics on smoking cessation are offered as a component of the Behavioral Medicine Seminar series.

Primary Supervisor: Amy K. Silberbogen, Ph.D.

Cardiac Rehabilitation Program: The Cardiac Rehabilitation Program provides services to patients who need physical, psychological, social, and nutritional

	<p>rehabilitation due to disabilities resulting from MI, angina, coronary artery bypass graft, or congestive heart failure. The goal of the program is to improve the patients' daily functioning through intensive educational and behavioral interventions. Interns provide services to these patients by conducting group and individual therapy, family intervention, and psychological assessment, as well as extensive patient education through a multidisciplinary lecture series. Interns are co-facilitators in the cardiac rehabilitation long-term support and education group. Interns apply behavioral intervention techniques to implement change in detrimental lifestyle habits such as smoking, nutritional needs, stress, and alcohol use. Involvement in program evaluation and research is encouraged.</p> <p><i>Primary Supervisor: Stephen R. Lancey, Ph.D.</i></p> <p>Healthy Lifestyle Groups: The Medical Psychology Service conducts three different groups that are designed to promote healthy lifestyles. These groups focus on adaptive coping and are particularly important for individuals with major medical issues. The following groups are conducted regularly:</p> <ul style="list-style-type: none"> ♦ Stress Management Group: A ten-week group for individuals interested in stress management skills. Patients learn cognitive-behavioral stress management and relaxation techniques. ♦ Healthy Thinking Group: A ten-week group for medical patients who also have symptoms of depression. Patients learn cognitive-behavioral strategies to address their negative thoughts and learn ways to cope more effectively with their medical illness. ♦ Medical Issues Group: An ongoing group for individuals who are coping with the stress of having major medical issues. This is an educational/support group that focuses on helping people find adaptive ways to cope with their medical condition and treatments. A sampling of topics includes, "Learning to Communicate Effectively with Your Health Care Professional," "Coping with Difficult Medical Treatments," and "Dealing with Loss." <p><i>Primary Supervisors: Medical Psychology Staff</i></p> <p>HIV Program: Interns interested in HIV work as primary therapists in the weekly Infectious Disease Clinic. Interns conduct mental health assessments and conduct short-term and long-term psychotherapy with HIV+ veterans. In the Infectious Disease Clinic, interns work as part of a multidisciplinary team under the supervision of a licensed psychologist. Interns also make referrals for substance abuse and other mental health treatment, assist in case management, and provide consultation to clinic nurses and physicians. In addition, interns sometimes conduct family sessions, work on medication adherence, conduct pain evaluations, and follow more seriously ill patients on inpatient medical units for bedside therapy and support.</p> <p><i>Primary Supervisor: Glenn R. Trezza, Ph.D.</i></p>
<p>Instruction</p>	<p>In order to enhance the experience of Medical Psychology interns and to provide all other interns with exposure to this growing specialty area of psychology, a Behavioral Medicine Seminar Series is offered. This is a seminar series in which speakers are brought in to address a range of relevant medical psychology issues. Topics include</p>

	<p>eating disorders, pain disorders, substance abuse, traumatic brain injury, death and dying, pediatric consultation-liaison, cardiac rehabilitation, AIDS, smoking cessation, competency issues, delirium, cardiovascular stress reactivity, etc. The entire intern class attends the seminar.</p>
Supervision	<p>A staff psychologist serves as the primary advisor and training supervisor, with other supervisors being drawn from among staff psychologists and consultants to the program. As a result, interns are offered the opportunity to work closely with professionals with particular areas of expertise. Interns receive both individual and group supervision where clinical, career development and research issues are addressed. In addition, the entire Medical Psychology team meets weekly to discuss clinical cases, research interests, and current issues in behavioral medicine.</p>
Research	<p>Several of the programs in Medical Psychology are part of a clinical research protocol, and all interns will have exposure to working in programs that follow a scientist/ practitioner model. Currently funded projects include: Evaluating a Telehealth Intervention for Veterans with Hepatitis C and PTSD, Telehealth Intervention to Promote Exercise for Diabetes, Promoting Physical Activity in Overweight and Obese Veterans, Improving Diabetic Treatment Adherence: A Telehealth Intervention, Moderators of Health Literacy in Diabetes Management, Improving Quality of Life for Veterans Undergoing Interferon Treatment, Efficacy of an Integrated CBT Approach for Treating Chronic Pain and PTSD, Treatment Decision Making in Men with Localized Prostate Cancer: The Role of Functional Health Literacy and Cancer-Related Distress, and A Cognitive-Behavioral Therapy Approach for the Treatment of Painful Diabetic Neuropathy. In addition, there are several other ongoing research projects in various stages of development. Interns who are interested have the opportunity to work collaboratively with staff from these projects.</p> <p><i>Research Coordinator: Erin Ulloa, Ph.D.</i></p> <p>Recent publications from this rotation include:</p> <p>Keane, T., Silberbogen, A. K., & Weierich, M. R. (2008). Assessment of posttraumatic stress disorder. In J. Hunsley & E. J. Mash (Eds.) <i>A Guide to Assessments that Work</i>. Oxford University Press: New York.</p> <p>Silberbogen, A. K., Janke, E. A., & Hebenstreit, C. (2007). A Closer Look at Pain and Hepatitis C: Preliminary Data from a Veteran Population. <i>Journal of Rehabilitation Research and Development</i>, 44, 231-244.</p> <p>Silberbogen, A. K., Mori, D.L., & Sogg, S. (2005). The structured interview for the treatment of the hepatitis C virus (HCV-SIT). <i>Journal of Clinical Psychology in Medical Settings</i>, 12, 57-69.</p> <p>Stempleman, L. M., Trezza, G. R., Santos, M., & Silberbogen, A. K. (2008). The integration of HIV training into internship curricula: An exploration and comparison of two models. <i>Training and Education in Professional Psychology</i>.</p> <p>Silberbogen, A. K., Ulloa, E., Janke, E. A., & Mori, D. L. (2009). Psychosocial Issues and Mental Health Treatment Recommendations for Patients with Hepatitis C. <i>Psychosomatics</i>, 50, 114-122.</p>

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- Sogg, S., & **Mori, D. L.** (2009). Psychosocial Evaluation for Bariatric Surgery: The Boston Interview and Opportunities for Intervention. *Obesity Surgery*, 19, 369-377
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- Lew, H., **Otis, J. D.**, Tun, C., Kerns, R. D., Clark, M. E., & Cifu, D. X. (In Press). Prevalence of Chronic Pain, Posttraumatic Stress Disorder and Persistent Post-concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad. *Journal of Rehabilitation, Research and Development*.
- Otis, J. D., Keane, T.**, Kerns, R.D., Monson, C., & Scioli, E., (2009). The Development of an Integrated Treatment for Veterans with Comorbid Chronic Pain and Posttraumatic Stress Disorder. *Pain Medicine*.
- Ulloa, E.W., Silberbogen, A.K.**, & Brown, K. (2008). Preoperative psychosocial evaluation of penile prosthesis candidates. *American Journal of Men's Health*, 2, 68-75.

Neuropsychology

VA Boston Healthcare System – Jamaica Plain and West Roxbury Campuses

<p>Overview</p>	<p>We seek to train individuals in the neuropsychological assessment of adults and to assist trainees in developing an advanced knowledge of brain and behavior relationships. In addition to training in the administration, scoring, and interpretation of specific neuropsychological measures, we stress the importance of providing detailed, specific recommendations for the referral source, the patient and the patient's family/caregivers. Clinically, we aim to translate findings on objective measures of cognitive functioning into individualized recommendations focused on compensation for cognitive deficits and accentuation of cognitive strengths. Additionally, we assist patients and providers in implementing these recommendations.</p>
<p>Training Experience</p>	<p>This rotation provides experience in a number of clinical settings, allowing for the intern to obtain a unique array of training experiences. While the specific clinical settings vary, the underlying goal and training emphasis remains consistent. Interns will provide clinical services within most of these settings, though duration of time dedicated to each service is not likely to be equal across settings</p> <ul style="list-style-type: none"> ♦ Neuropsychology Consult Service: Interns serve as consultants and provide assessments as part of the neuropsychology consult service at the Boston VA Healthcare System. Patients are referred to this service from a variety of sources; referrals typically include ADHD, stroke, traumatic brain injury, epilepsy, memory loss, and cognitive dysfunction secondary to a medical condition. Neuropsychology consults involve a clinical interview, test administration, scoring of test data, test interpretation, written report, and in-person feedback to patients. <i>Jamaica Plain, West Roxbury, and Brockton campuses.</i> ♦ Geriatric Research Education and Clinical Center (GRECC) Clinic: The intern functions as part of a multidisciplinary team that includes a geriatrician, nurse practitioner, social worker, pharmacist, and geriatric medicine fellows. All patients assessed by the team are seen as outpatients and all neuropsychological assessments are completed within the outpatient clinic. Dr. Milberg has worked to develop innovative methods for the efficient and sensitive assessment of domain specific deficits in elderly adults. The neuropsychological assessment of elderly patients, who are often frail as well as physically and cognitively compromised, requires an alternative to the time consuming, multiple hour test batteries often used in clinical assessments. As such, our service employs a fixed-flexible approach. Assessments typically include the Geriatric Evaluation of Mental Status (GEMs), a standardized measure of cognitive functioning developed at the GRECC, with additional domain-specific measures added as needed. Most assessments involve 1-3 hours of formal testing. The trainee is responsible for the clinical interview, testing, scoring of test data, test

interpretation, and written report of the neuropsychological evaluation, as well as feedback to the patient and the team.

Jamaica Plain, West Roxbury, and Brockton campuses.

- ♦ **Polytrauma Center:** The Polytrauma Network System of Care was developed in response to the growing number of individuals returning from deployment as part of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). This VA network is dedicated to providing care to new veterans and addressing the unique healthcare needs of these returning soldiers. Of specific concern for neuropsychologists is the exposure to blast munitions during deployment (e.g., Improvised Explosive Device (IED) or Rocket Propelled Grenade (RPG)) and the direct and indirect impact of these exposures to brain function. Additionally, issues related to trauma exposure and readjustment are common for this patient population. Neuropsychology trainees serve as part of the multidisciplinary Polytrauma clinical team that includes a physiatrist, pain specialist, social worker, optometrist, and audiologist in addition to the neuropsychologist. Interns will provide cognitive and mental health screenings to outpatients seen by that service and contribute to treatment planning during weekly team meetings. The brief screenings are designed to quickly assess for mood and trauma as well as possible traumatic brain injury.

Jamaica Plain campus.

- ♦ **Inpatient:** Specialized medical care is provided across the two main medical center campuses of the VA Boston Health System. Each campus provides specialized services with the West Roxbury and Brockton campuses providing inpatient care to the veterans of the Boston area. The majority of surgical procedures are completed at the West Roxbury campus as well as long-term EEG monitoring and a rehabilitation spinal cord injury unit. The Brockton campus provides a variety of inpatient services including a transitional care unit, a nursing home, substance abuse residential programs and severe mental illness. Veterans on these inpatient units are often referred for neuropsychological assessment during their admission. Frequently, the referring provider and medical team has some concern regarding the patient's cognitive functioning and ability to care for himself/herself following discharge from the hospital. These assessments are completed on an inpatient basis and include all aspects of the neuropsychological assessment (interview, test administration, test scoring, interpretation, and report writing). In this setting, the intern is frequently required to work very efficiently to provide in-person feedback to patients, family-members, and medical teams.

West Roxbury and Brockton campuses.

- ♦ **Harold Goodglass Aphasia Research Center (HGARC):** The HGARC holds twice-monthly patient rounds at the Jamaica Plain campus. These rounds began a number of years ago under the direction of Dr. Norman Geshwind, and have served as a training experience for a number of neuropsychologists over the years. Individuals seen in the HGARC are frequently referred from medical

	<p>centers outside of the VA system (e.g., Massachusetts General Hospital, Beth Israel Deaconess, Brigham & Women's). The intern's responsibilities include completing the neuropsychological evaluation of individuals referred to the center (interview, test administration, scoring of test data, test interpretation) and presentation of data at rounds. The intern is expected to conduct two to three neurobehavioral/aphasia assessments during their major rotation. Please note, Neurobehavioral/Aphasia rounds are held September – May, therefore interns completing a four month minor rotation are not involved in this activity.</p> <p><i>Jamaica Plain campus.</i></p>
Didactics	<p>In addition to the clinical experiences described above, trainees attend the Neuropsychology Seminar series. This series includes a combination of presentation from in-house faculty, student presentations, patient interviews, and journal club. Additionally, the intern attends the Neuropsychology Lecture Series, which is scheduled twice monthly. This series is comprised mainly of experts drawn primarily from the greater Boston cognitive neuroscience community, taking full advantage of the depth and breadth of relevant expertise centered at our university affiliates (Harvard and Boston University).</p> <p>Recent speakers and topics have included:</p> <ul style="list-style-type: none"> ❖ Dan Schacter, Ph.D., "Constructive Memory and Imagining The Future: A Cognitive Neuroscience Perspective" ❖ Robert Stickgold, Ph.D. "Sleep, Memory and Dreams: Lessons for PTSD" ❖ Roberta White, Ph.D., "Effects of Exposure to Industrial Chemicals and Chemical Pollutants on Brain Function." ❖ John Gabrieli, Ph.D., "Neural Correlates of Dyslexia." ❖ Larry Seidman, Ph.D., "Neurocognitive and Neural Substrates of Schizophrenia." ❖ Elizabeth Kensinger, Ph.D., "How Valence Influences Episodic Memory." ❖ Randy Buckner, Ph.D., "Exploring the Origins and Consequences of Functional Brain Lateralization Using Intrinsic Activity."
Supervision/ Clinical Faculty	<p>Primary Clinical Supervisors</p> <p>Following is the list of the primary clinical supervisors. For more information, please see the Faculty Biosketch section at the end of this Training Brochure.</p> <ul style="list-style-type: none"> ✚ William Milberg, Ph.D., ABPP/cn ✚ Laura Grande, Ph.D. ✚ Susan McGlynn, Ph.D., ABPP/cn ✚ Jessica Foley, Ph.D. ✚ Nikki Stricker, Ph.D. ✚ Michelle Braun, Ph.D. ✚ Jennifer Vasterling, Ph.D.

	<p>Secondary Supervisors:</p> <ul style="list-style-type: none"> ✚ Maxine Krengel, Ph.D. ✚ Cate Fortier, Ph.D. ✚ Malissa Kraft, Psy.D. ✚ Melissa Amick, Ph.D. ✚ Scott Hayes, Ph.D. ✚ Jasmeet Pannu-Hayes, Ph.D.
Selection Criteria	<p>Internship training for Neuropsychology may take place within a “Match” rotation (i.e., eight-month) or as part of the intern’s second (i.e., four-month) rotation. For the 2010-2011 training year, three interns will Match with the Neuropsychology rotation, and another three interns will have the briefer (four-month) second-rotation training opportunity. Although not guaranteed, additional hours of neuropsychology training may be arranged in the form of an externship, for those interns who train in the Neuropsychology (four-month) second rotation. The combination of assigned and externship time spent in neuropsychology generally allows eight-month (and might also allow four-month interns to receive certificates in clinical neuropsychology).</p> <p>Applicants interested in Neuropsychology as an 8-month “Match” rotation should have experience administering, scoring and interpreting neuropsychological tests and, ideally, have an interest in pursuing a career in this field. While previous experience working with the older patient is desired, it is not mandatory. Applicants who seek academic careers and a potential commitment to neuropsychology are strongly encouraged to apply. Students who have developed a recent interest in neuropsychology, or those desiring less intensive training, can receive it through the Consortium’s four-month neuropsychology rotation.</p>
Research	<p>Many scholarly inquiry / research opportunities exist within this rotation and allow for collaboration with a number of faculty members:</p> <p>Geriatric Neuropsychology Laboratory <i>William Milberg, Ph.D.; Regina McGlinchey, Ph.D.; Christopher Brady, Ph.D.; Betsy Leritz, Ph.D.; David Salat, Ph.D.; Catherine Fortier, Ph.D.; Laura Grande, Ph.D.; and James Rudolph, M.D.</i></p> <p>The Geriatric Neuropsychology Laboratory has a strong research emphasis and maintains strong ties with the GRECC clinical team. The research laboratory includes seven principal investigators. Additionally, the laboratory includes a computer specialist, two geropsychology postdoctoral fellows, two two-year neuropsychology fellows, and six research assistants. A variety of interests are represented within the laboratory and currently funded projects include: investigations of the cardiovascular disease and frontal dysfunction in older African Americans; relating cortical functions to cerebrovascular disease and dementia risk; neuroanatomical changes associated with cardiovascular disease and dementia risk (diffusion tensor imaging); classical learning in memory</p>

disordered patients and in dementia risk; delirium and cognitive function after coronary artery bypass surgery; development of screening measures to identify cognitive impairment in the primary care setting; and the cognitive neuropsychology of vision and visual search in healthy and brain injured individuals. In addition, though influenced by Dr. Milberg's training in the Boston Process Approach, the Geriatric Neuropsychology Laboratory focuses on updating assessment technology to reflect recent developments in cognitive neuroscience and psychometrics. The Laboratory is noted for developing useful applications of neuropsychological information for healthcare providers and families. The intern is expected to attend the weekly lab meeting and the laboratory is ideal for those interns who have completed their doctoral research prior to the start of the internship year and who also possess an interest in continuing research activities. A number of ongoing research projects provide the intern with a variety of research opportunities. The laboratory provides a supportive, collaborative atmosphere where trainees are viewed as colleagues.

Neuropsychology of PTSD

Jennifer J. Vasterling, Ph.D.; Susan P. Proctor, D.Sc.; Kevin Brailey, Ph.D., Brian Marx, Ph.D.; Helen MacDonald, Ph.D.; Laura Grande, Ph.D.

Interests include neuropsychological, psychological, and health outcomes of war-zone deployment and other military health risks (e.g., neurotoxins, traumatic brain injury). Most of these studies employ longitudinal methodology and has been conducted within an epidemiological framework. Existing longitudinal databases include those relevant to (1) the Iraq War; (2) the Bosnian Peacekeeping Mission; and (3) the 1991 Gulf War. There are opportunities to participate in: preparation of empirical publications, preparation of invited chapters and literature reviews, attendance at weekly lab meetings/research discussions, one-on-one research mentoring, data analysis of existing data bases, development of new studies, assistance in preparing grants, journal peer reviews

Memory Disorders Research Center (MDRC)

Mieke Verfaellie, Ph.D., Margaret Keane, Ph.D., Ginette Lafleche, Ph.D., Scott Hayes, Ph.D.

The MDRC studies memory using both neuropsychological and cognitive neuroscience approaches, with the goal of elucidating the cognitive and neural underpinnings of different forms of memory. The Center conducts cognitive neuropsychological studies of patients with MTL and frontal lobe lesions, clinical neuropsychological studies aimed at understanding the heterogeneity of cognitive and behavioral manifestations in TBI and anoxic brain injury, and neuroimaging studies of memory in healthy young and elderly individuals. There are opportunities to be involved in any of these approaches through active participation in ongoing studies, data analysis of existing data bases, and development of new studies. Interns are encouraged to attend weekly lab meetings, monthly patient rounds, and monthly research discussions.

Translational Research Center for TBI and Stress Disorders (TRACTS)

Regina McGlinchey Ph. D, and William Milberg, Ph.D. (Henry Lew, M.D., Ph.D)

TRACTS is a newly established Center of Excellence hosted by the VA Boston Healthcare System and funded by the VA Rehabilitation Research and Development Service. The mission of TRACTS is to promote multidisciplinary research that will lead to innovations in the diagnosis and treatment of the complex issues presented by the growing population of veterans who suffer the consequences of mTBI occurring in the context of stress-related emotional disorders. TRACTS provides a unique infrastructure to create synergy between investigators working in a number of scientific disciplines (including clinical neuropsychology; clinical psychology / psychiatry; translational basic science; and brain imaging). As the center develops we anticipate numerous opportunities for interns to develop research interests and skills related to the investigation of the joint effects of TBI and PTSD. TRACTS works closely with the new VA Research Neuroimaging Center under the direction of David Salat which will provide interns with the opportunity to learn about advanced structural and functional neuroimaging methods.

Polytrauma and TBI Research Center– Boston (Jamaica Plain)

Henry L. Lew, MD, Ph.D., Melissa Amick Ph.D., Malissa Kraft, Psy.D., Sue McGlynn, Ph.D., Terri Pogoda, Ph.D., Jeff Weihsing Ph.D.

The Polytrauma and TBI Research Center focuses on innovative ways to improve the diagnosis and rehabilitation of various deficits related to TBI in order to maximize functional outcome for VA patients. Current topics being studied in the lab include remediation of driving deficits in patients with TBI and PTSD, impact of sensory deficits on neuropsychological performance in patients with polytrauma, care coordination of polytrauma outpatient services and its relation to patient outcomes, and evaluating the process of TBI screening and clinical follow-up. Opportunities to participate in lab activities could include: preparation of manuscripts (original, reviews, and book chapters) and data entry and analysis of existing data bases.

VA Boston Healthcare System Neuroimaging Center (Jamaica Plain)

David Salat, Ph.D., Elizabeth Lertiz, Ph.D., Mike Esterman, Ph.D., Jasmeet Hayes, Ph.D., and Scott Hayes, Ph.D.

The VABHS Neuroimaging Center aims to elucidate the neural consequences of conditions affecting veterans and returning service members, including traumatic brain injury and posttraumatic stress disorder. The Center is equipped with a 3 Tesla MRI scanner capable of advanced structural and functional brain imaging, as well as a range of hardware and software for physiological monitoring and the presentation of auditory and visual stimuli for cognitive and sensorimotor studies of brain function. Center investigators are active across a diverse assortment of research projects including studies of anatomy, degeneration, cognition and emotion regulation in conditions affecting veterans.

Rehabilitation Psychology

At the VA Boston Healthcare System – West Roxbury Campus

Overview

The Rehabilitation Psychology rotation provides interns with experiences to develop skills, knowledge, professional identity, and increase competence within the field of rehabilitation psychology, as defined by Division 22, American Psychological Association. Rehabilitation Psychology is an area of psychological practice concerned with assisting individuals with disabilities (congenital or acquired) in achieving optimal psychological, physical, and social functioning. Focus is on the entire network of biological, psychological, social, neuropsychological, environmental, and political factors that affect the functioning of persons with disabilities. Appreciation for the diversity and individual strengths of the individual and the individual's social network are incorporated into comprehensive care efforts. Training incorporates medical-health-rehabilitation psychology in the application of scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement in access and function within the healthcare system. The intern will have training opportunities in the areas of clinical practice, research, consultation liaison, advocacy, administration, and education. A strength of the rotation is that the intern is an interdisciplinary team member of the CARF-accredited Spinal Cord Injury Inpatient Program, with disciplines that include nursing, medicine, occupational therapy, physical therapy, speech and language pathology, therapeutic recreation, social work, psychology, kinesiotherapy, nutrition, and case management. Psychiatry, as well as other medical services, provides on-going consultation to team members and patients.

The Rehabilitation Psychology rotation emphasizes closely supervised clinical experiences in inpatient and outpatient settings, within the Spinal Cord Injury / Dysfunction (SCI/D) Service continuum of care. Building upon prior experiences and skills, the intern utilizes supervision and clinical experiences to build increased skill level and comfort with increased professional autonomy. Interns who complete an 8-month rotation should achieve a proficiency in rehabilitation psychology practice at the internship level, while interns who complete a 4-month rotation will gain exposure and experience in the area of rehabilitation psychology. The training for both the four- and eight-month rotation interns may also include opportunities to provide time-limited supervision to trainees.

Clinical Experience

The clinical application and training experience is primarily made available through the CARF- accredited Spinal Cord Injury Program (www.va.gov/spinalcordinjury), located at the West Roxbury campus of the VA Boston Healthcare System. The SCI Service is not only CARF-accredited, but also serves as a regional spinal cord center as a part of the "Hub and Spokes" model of care for VISN 1. In recent surveys, the psychological care provided within the Spinal Cord Injury Service continues to be acknowledged for

	<p>excellence in both the CARF re-accreditation surveys and New England Chapter-Paralyzed Veterans Association annual site visits.</p> <p>The West Roxbury campus is the primary VA inpatient treatment site for Acute Medicine, Surgery, Neurology, Spinal Cord Injury, and Rehabilitation Medicine Services for the Boston area. The interns at West Roxbury campus learn the role of psychology in a general medical setting and as a member of an interdisciplinary team. The possibilities in working at this campus are exciting for interns with interests in rehabilitation, neuropsychology, crisis intervention, systems and family issues.</p> <p>Assessments and consultations emphasize good diagnostic interviewing skills. The intern's basic task is to understand the individual and the relationship between the physical, psychological, cognitive, and psychosocial concerns. It is then required that the intern communicate to the referring source an understanding of the person, complete with psychological treatment plan and specific recommendations to maximize rehabilitation outcome. Good relationship skills and superior oral and written communication skills are a must. Psychodiagnostic and neuropsychological testing are incorporated as clinically appropriate to address specific referral questions. Experiences available to interns include work with individual (time limited cognitive/behavioral and psychodynamic), group (psychoeducational and process oriented) and couples/family treatment. Veterans served in the clinic struggle with a range of mental health concerns, some long-term and others with onset late in life. Typical clinical issues include: depression, grief, generalized anxiety, late-life PTSD, dementia with behavioral concerns and/or caregiver distress, complex neuro-psychiatric presentations requiring assistance with differential diagnosis and treatment planning, adjustment issues (e.g., coping with disability, role changes), and family stress/conflict. We provide individual, couple, family, and group psychotherapy services, and coordinate closely with team members, consulting services, and/or community-based providers as appropriate.</p>
Supervision	<p>The rehabilitation psychology intern receives at least four hours of weekly individual supervision. Dr. Hough meets with the intern for two hours during the week, and is the primary supervisor. Dr. Kleespies meets with the intern for one hour during the week to discuss outpatient work. An additional hour of supervision is provided by the long term case supervisor.</p>
Seminar	<p>The rehabilitation psychology intern participates in a biweekly Psychosocial / Medical Rehabilitation Psychology Journal Club seminar experience, chaired by Dr. Hough, and attended by trainees and staff. In addition to the weekly Spinal Cord Injury Physician / Fellow Lecture and Spinal Cord Injury Grand Rounds, interns can to attend other educational opportunities such as the monthly Schwartz Rounds.</p>
Selection Criteria	<p>The successful applicant will have had a minimum of one practicum experience with a medical population. Coursework and/or research in the areas of behavioral medicine, rehabilitation psychology, medical psychology, or neuropsychology or any similar demonstration of interest and commitment to the field of rehabilitation psychology are</p>

	beneficial. Previous exposure to cognitive or neuropsychological assessment is useful but not required.
Research	<p>Sigmund Hough, Ph.D., ABPP Clinical Rehabilitation Neuropsychologist. Dr. Hough received his college and masters degree in Developmental Psychology from Columbia University, and doctorate in Clinical Psychology from Boston University. He is Assistant Professor at Harvard Medical School and Adjunct Assistant Professor in Psychiatry, Boston University School of Medicine. Past Director of Psychology Postdoctoral Training for the VA Boston Healthcare System. He serves as Training Site Reviewer for the American Psychological Association. He is also a CARF Surveyor for Medical Rehabilitation Division and conducts accreditation site visits nationwide. Dr. Hough is registered as a National Health Care Provider in Psychology, licensed in Massachusetts and Maine, Diplomate and Board Certified in Rehabilitation Psychology (ABPP) and holds Diplomate status in American Academy of Pain Management and Fellow status in the National Academy of Neuropsychology. He is an AASECT Certified Sex Therapist and Journal Editor of <i>Sexuality and Disability</i>. He is a member of the VA Boston Ethics Advisory Committee, Schwartz Center Rounds-Planning Committee, the Palliative Care Consult Team, Professional Standards Board, Local Psychology Standards Board, and a member of Society for the Psychological Study of Ethnic Minority Issues, APA Div.45. Dr. Hough is author/webmaster for the Spinal Cord Injury Website, and past Chairperson of the Clinical Practice and Membership Committees, American Association of Spinal Cord Injury Psychologists and Social Workers.</p> <p>Dr. Hough has co-authored a book chapter related to the process of JCAHO accreditation, presented nationwide and published articles related to the interface of psychological issues and neurological/rehabilitation/life conditions. He is on the editorial board of <i>PsycCRITIQUES</i>, as well as reviewer for <i>Journal of Spinal Cord Medicine</i>, <i>Achieves of Physical Medicine & Rehabilitation</i>, <i>Archives of Clinical Neuropsychology</i>, <i>Training and Education in Professional Psychology</i>, <i>Journal of Clinical Interventions in Aging</i>, <i>Journal of Rehabilitation Research and Development</i>, and <i>Spinal Cord</i>. Recipient of the <i>2004 Clinical Performance Award</i> from The American Association of Spinal Cord Injury Psychologists and Social Workers, and the <i>2005 Award for Excellence in Postdoctoral Training</i> from The Association of Psychology Postdoctoral and Internship Centers (APPIC). In 2007, he was elected to the Board of Directors, American Association of Spinal Cord Injury Psychologists and Social Workers. In 2008, Dr. Hough was elected to the office of Treasurer and Board of Directors of the Massachusetts Neuropsychological Society. In 2009, he was elected President of The American Association of Spinal Cord Injury Psychologists and Social Workers, and to the Governance Board of the Academy of Spinal Cord Injury Professionals.</p> <p>Phillip M. Kleespies, Ph.D., ABPP Clinical Psychologist. Dr. Kleespies was awarded his doctoral degree in Clinical Psychology by Clark University. He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine.</p>

He is a Diplomate in Clinical Psychology of the American Board of Professional Psychology and a Fellow of the American Psychological Association. Dr. Kleespies is a member of the VA Boston Ethics Advisory Committee, the VA Boston Preventive Ethics Committee and author of the book *Life and Death Decisions: Psychological and Ethical Considerations in End-of-Life Care* (Washington, DC: APA Books, 2004). He has also co-authored book chapters on the refusal of life-sustaining treatment in end-of-life decisions and on ethical considerations in providing psychological services in end-of-life care. He is the Chair of the VA Boston Ethics Advisory Subcommittee on Informed Consent Policy. He is a frequent participant on the VA Boston Ethics Consultation Team. He has participated on the VA Employee Education Service Planning Committee for a FY07, FY08, and FY09 End of Life Care Audio-conference Series. In addition to serving on the Ethics Advisory Committee, Dr. Kleespies is a member of the Palliative Care Consult Team where he consults on the psychosocial aspects of end-of-life care. Dr. Kleespies is a member of several other VA Boston committees including the Disruptive Behavior Committee and the Violence Prevention Committee. He is a member of the American Association of Spinal Cord Injury Psychologists and Social workers, the American Association of Suicidology, and the American Foundation for Suicide Prevention. He has extensive experience in the supervision of interns in clinical psychology and he is a past Director of Psychology Training for the Boston VA Medical Center.

Dr. Kleespies has extensive experience in the evaluation and management of behavioral emergencies (i.e., risk of suicidal behavior, risk of violence, vulnerability to victimization). He served for over 20 years as the Coordinator of Emergency and Urgent Care Services for Psychology at the Jamaica Plain campus of the VA Boston Healthcare System. He is the editor of the book, *Behavioral Emergencies: An Evidence-based Resource for Evaluating and Managing Risk of Suicide, Violence, and Victimization* (Washington, DC: APA Books, 2009). He has numerous presentations, journal articles, and book chapters on the topics of suicide, suicidal behavior, and the impact of patient behavioral emergencies on clinicians. He has published on the topic of suicidal behavior in the medically ill. Dr. Kleespies was the founding President of the Section on Clinical Emergencies and Crises (Section VII of Division 12, American Psychological Association) and the recipient of the Section's 2009 Career Achievement Award. He has remained as Chair of the Section's Advisory Board. His current research interest is in the development of a database for the analysis of correlates of self-injurious and suicidal behavior.

In addition, Dr. Hough and Dr. Kleespies are interested to support interns in program development/evaluation/research projects.

Sample publications include:

Burns, S. M., **Hough, S.**, Boyd, B.L., **Hill, J.** (2009). Sexual Desire and Depression Following Spinal Cord Injury: Masculine Sexual Prowess as a Moderator. *Sex Roles: A Journal of Research*, 61, 120-129.

Denboer, J.W., **Hough, S.** (2007). Rehabilitation intervention for an individual with spinal cord/brain injury and visual impairment. *SCI Psychosocial Process*, 20(1).

- Gill, K. M., **Hough, S.** (2007). Sexual health of people with chronic illness and disability. In VandeCreek, L., Peterson, F., Bley, J.W., editors. *Innovations in Clinical Practice: Focus on Sexual Health*. Sarasota, FL: Professional Resource Press, 223-243.
- Greenwell, A. N., **Hough, S.** (2008). Culture and disability in sexuality studies: A methodological and content review of literature. *Sexuality and Disability*, 26(4), 189-196.
- Hough, S.** (2009). The mind and body connection: Consideration for skin wounds in spinal cord injury/disorders. In E. A. Aguilera (Ed). *Images of common skin and wound lesions in spinal cord injury: A Historical Atlas 1984-2004*. SC: Booksurge.
- Hough, S.** (2008). Skin Wounds Do Not Live in a Vacuum: The Mind and Body Relationship to the World. *SCI Psychosocial Process* 21(1), 5-14.
- Hough, S.**, DeGirolamo, S. (2005). The experience of military sexual trauma and rehabilitation for individuals with spinal cord injury/dysfunction. *SCI Psychosocial Process*; 18(3): 144-149.
- Jackson, S. A., **Hough, S.** (2004). Adjustment to the process of grief following a spinal cord injury/dysfunction. *SCI Psychosocial Process* 17(3): 151-155.
- Kleespies, P.** (Ed.). (2009). *Behavioral Emergencies: Evaluating and Managing Risks of Suicide, Violence, and Victimization*. Washington, DC: APA Books.
- Kleespies, P.**, Conroy, S. (2007). Advance care planning made specific for the individual with SCI/D. *SCI Psychosocial Process*, 19(2).
- Kleespies, P.**, Hill, J. (in press). Behavioral emergencies and crises. In D. Barlow (Ed): *The Oxford Handbook of Clinical Psychology*. New York: Oxford University Press.
- Kleespies, P.**, **Hough, S.**, Romeo, A. (2009). Suicide risk in people with medical and terminal illness. In P. Kleespies (ED.) *Behavioral Emergencies: A Resource for Evaluating and Managing Risk of Suicide, Violence, and Victimization*. Washington, DC: APA Books.
- Kleespies, P.**, Miller, P., Preston, T. (2009). End-of-life choices. In D. Blevins and J. Werth, Jr. (Eds.): *Decision-making near the end of life: Recent developments and future directions*. Routledge.
- Scherer, M., Blair, K., Bost, R., Hanson, S., **Hough, S.**, Kurylo, M., Langer, K., Stiers, W., Wegener, S., Young, G., Banks, M. (2009). Rehabilitation Psychology. In I.B. Weiner & W. E. Craighead (Eds.). *The Concise Corsini Encyclopedia of Psychology and Behavioral Science, 4th edition*. Hoboken, NJ: John Wiley & Sons, Inc.
- Turner, B. W., **Hough, S.**, Sarkarati, M., Turner, E. A. (2005). A measure of life satisfaction after spinal cord injury at hospital discharge and community follow-up. *SCI Psychosocial Process* 18(3): 173-177.
- Werth, Jr., J., and **Kleespies, P.** (2005). Ethical considerations in providing psychological services in end-of-life care. In J. Werth, Jr., and D. Blevins (Eds.): *Psychosocial issues near the end of life: A Resource for professional care providers*. Washington, DC: APA Books.

National Center for PTSD Behavioral Sciences Division

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The National Center for PTSD was mandated by Public Law 98-528 enacted by the United States Congress. The National Center for PTSD has two Divisions housed within the Boston Department of Veterans Affairs Medical Center, the Behavioral Sciences Division (BSD), and the Women's Health Sciences Division (WHSD). Each division has a mandate to do clinical research on trauma, PTSD, and related topics, and to provide training to various professionals. Each division provides specialized clinical services for veterans as well. The BSD emphasizes war-zone trauma in males using a lifespan developmental framework. At the beginning of every rotation, interns are presented a series of training didactics on the assessment and treatment of PTSD. The didactics include presentations on: (a) the phenomenology of war-zone trauma, (b) specific assessment procedures, (c) a life-span developmental approach to assessing and treating trauma, (d) conceptual models of trauma and PTSD, (d) an introduction to the various research activities at the National Center, (e) and cognitive-behavioral methods of treating a range of problems in traumatized veterans, including specific protocols for empirically supported treatments.

Clinical Experience

Assessment: Veterans who present to the BSD are provided comprehensive multidimensional psychological evaluations. Methods include information gathered through structured and unstructured clinical interviews and psychological tests. There is an emphasis on case conceptualization, differential diagnostic formulation, target identification, and prioritization of targets for intervention.

Case Conference: Starting the second month of the rotation, interns present their cases in a weekly case conference. Interns are required to present two cases per rotation. Case presentations provide an opportunity for trainees to demonstrate their clinical skills and sensitivities, as well as working on communicating effectively to a professional audience. Case conferences are attended by most clinical staff and post-doctoral fellows and they provide a forum for interesting and useful discussion of salient assessment, clinical management, treatment issues, and research issues.

Treatment at the Behavioral Science Division: The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation. The BSD uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-term needs. Interns learn skills to target various needs of patients with PTSD, including, but not limited to: (a) stabilization (e.g., crisis intervention), (b) psycho-education about PTSD, (c) stress management, (d) exposure therapy, (e) secondary prevention strategies (relapse prevention), and (f) attention to aftercare.

	<p>Interns provide individual, short-term, problem-focused treatment, and long-term psychotherapy. Interns also co-lead various psychotherapy groups with staff members or postdoctoral fellows.</p> <p>Consultation to the Medical Center: Interns provide ad hoc clinical consultation and liaison to psychiatry.</p> <p>Teaching: Each intern may participate in ad hoc conjoint presentations to professional groups. These groups generally consist of mental health professionals, veteran's organizations, or community groups seeking educational programs. Presentations are generally conducted with another staff member from the Division, and have as their goal the refinement of professional presentation skills. This experience prepares interns for work in community or academically oriented health settings.</p>
Supervision	<p>Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns' progress in the program in consultation with all of an intern's supervisors. Supervision for research or for individual assessment or treatment cases is also available from other National Center staff or through other faculty supervisors within the training program on an as-needed basis. Interns are also provided with the opportunity to supervise practicum student trainees in the Division.</p>
Research	<p>Interns have the opportunity to spend up to 8 hours per week participating in ongoing clinical research activities. The intern's level of involvement can vary from a limited role in an ongoing project up to, and including, the design and implementation of their own project, conducted in the context of a 8 hour per week research externship. Current projects in are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including clinical trials, phenomenological studies, risk and resilience research, psychophysiology of PTSD, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about extent of research involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.</p> <p>Select recent publications from our staff:</p> <p>Keane, T. M., Marx, B. P., & Sloan, D. M. (2009). Posttraumatic stress disorder: Definition, prevalence and risk factors. In P. Shiromani, T. M. Keane, J. LeDoux (Eds.), <i>Posttraumatic Stress Disorder: Basic Science and Clinical Practice</i> (pp. 1-22). New York: Humana Press.</p> <p>Litz, B.T., Williams, L., Wang, J., Bryant, R., & Engel, C.C. (2004). The development of an Internet-based program to deliver therapist-assisted self-help behavioral treatment for traumatic stress. <i>Professional Psychology: Science and Practice</i>, 35, 628–634.</p>

- Marx, B. P.**, Humphreys, K. L., Weathers, F. W., Martin, E. M., **Sloan, D. S.**, Grove, W., **Kaloupek, D. G.**, **Keane, T. M.** (2008). Development and initial validation of a statistical prediction instrument for assessing combat-related posttraumatic stress disorder. *Journal of Nervous and Mental Disease*, 196, 605-611.
- Miller, M.W.**, Fogler, J., **Wolf, E. J.**, **Kaloupek, D.G.**, **Keane, T.M.** (2008). The internalizing and externalizing structure of psychiatric comorbidity in combat veterans. *Journal of Traumatic Stress*, 21, 58-65.
- Niles, B. L.**, **Mori, D. L.**, Lambert, J. F., & **Wolf, E. J.** (2005). Depression in Primary Care: Co-Morbid Disorders and Related Problems. *Journal of Clinical Psychology in Medical Settings*, 12, 71-76.
- Sloan, D.M.**, & Kring, A.M. (2007). Measuring changes in emotion during psychotherapy: Conceptual and methodological issues. *Clinical Psychology: Science and Practice*, 14, 307-322.
- Taft, C. T.**, Schumm, J. A., Marshall, A. D., Panuzio, J., & Holtzworth-Munroe, A. (2008). Family-of-Origin Maltreatment, PTSD Symptoms, Social Information Processing Deficits, and Relationship Abuse Perpetration. *Journal of Abnormal Psychology*, 117, 637-646.
- Woodward, S.H., **Kaloupek, D.G.**, Streeter, C.C., Kimble, M.O., Reiss, A.L., Eliez, S. (2006). Hippocampal volume, posttraumatic stress disorder, and alcoholism. *American Journal of Psychiatry*, 163, 674-681

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For information about the National Center for PTSD, see: <http://www.ptsd.va.gov>

National Center for PTSD Women's Health Sciences Division

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The Women's Health Sciences Division is one of two Divisions of the National Center for PTSD housed within VA Boston Healthcare System. The National Center for PTSD is the result of Public Law 98-528 enacted by the United States Congress. The Women's Division has a mandate to conduct clinical research on trauma, PTSD, and related topics, and to provide training to various professionals. The division also provides specialized clinical services for women veterans through four affiliated clinical programs:

1. the Women's Stress Disorder Treatment Team (WSDTT), an outpatient mental health clinic specializing in the assessment and treatment of trauma-associated disorders, in particular the sequelae of sexual trauma;
2. the TRUST House, a therapeutic transitional residence program for women veterans with trauma- and substance-related problems;
3. the Women's Homelessness Program, which provides outreach, intensive case management, and treatment for homeless women veterans; and
4. the Women's Integrated Treatment and Recovery Program (WITRP), a residential program for women with comorbid PTSD and substance use disorders.

Women's Division interns conduct their clinical work within WSDTT, although they work closely with the staff of the other women's programs due to the fact that many patients are served by more than one program. At the beginning of every rotation, Women's Division interns attend a series of training didactics on the etiology, assessment, and treatment of trauma-related disorders. Many of these trainings are offered in conjunction with the Behavioral Sciences Division of the National Center for PTSD. The didactics may include presentations on:

- the prevalence and effects of military sexual trauma,
- specific assessment procedures used with this population,
- a life-span developmental approach to assessing and treating trauma,
- conceptual models of trauma and PTSD,
- cognitive-behavioral methods of treating a range of problems in traumatized women veterans, such as Cognitive Processing Therapy (CPT), Seeking Safety, and Dialectical Behavior Therapy (DBT), and
- an introduction to the various research activities within the Women's Division.

Clinical Experience

Treatment: Interns participate in WSDTT's comprehensive therapy program designed to address the complex clinical profiles with which traumatized women veterans present. Interns learn skills in providing treatment to women veterans in

short-term individual and group therapy, and, when appropriate, longer-term formats. These treatments focus on a wide range of clinical issues in addition to PTSD, including:

- skill building for individuals with Borderline Personality Disorder and other problems,
- crisis intervention,
- domestic violence,
- comorbid problems such as substance use disorders, eating disorders, major depression, and serious and persistent mental illness,
- comorbid medical problems,
- homelessness and employment problems.

Dr. Patricia Resick, the developer of Cognitive Processing Therapy (CPT), is also the Director of the Women's Division; interns have the opportunity to learn this empirically validated therapy for PTSD from Dr. Resick – both through her two-day training at the start of every training year and through her weekly consultation group – and to apply it in their work with their patients. The Women's Division also offers Dialectical Behavioral Therapy (DBT) skills-based groups for individuals with Borderline Personality Disorder and related issues. DBT is based on the extensive and ongoing treatment development and outcome research of Marsha Linehan, Ph.D., and colleagues. Along with CPT and DBT skills training, interns are exposed to a variety of other theoretical orientations and approaches to treatment during their time here, and have the opportunity to learn and apply several other empirically-based psychotherapies (EBPs).

WSDTT holds interdisciplinary team meetings where patients are discussed, including a weekly team meeting with psychology, psychiatry, and social work; interns are an integral part of these team meetings.

Interns who complete an eight-month rotation with the Women's Division will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different groups from those they led during the first four months. Alternatively, they might elect to become more expert in leading the same groups they co-led before. Matching with the Women's Division for eight months will also afford interns the chance to treat a greater number of patients with complex presentations, some of whom may benefit from longer-term work.

Assessment: Women veterans new to the WSDTT are often provided comprehensive psychological assessments. Multiple methods are used to gather information (structured clinical interviews, psychological tests, and, in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). Interns will have the opportunity to provide several of these comprehensive assessments during their time in the WSDTT.

Consultation to the Medical Center: Interns provide clinical consultation and liaison to medicine and psychiatry. The Women's Division is closely affiliated with – and

	<p>shares the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. While seeing women veterans, interns work closely with the multidisciplinary medical staff of that Center to offer a broad continuum of care. Supervision is provided on methods of effective consultation within a medical center.</p>
Supervision	<p>Each intern is assigned a primary supervisor and at least two secondary supervisors within the Women's Division. In addition, interns obtain supervision from their group co-therapists. Primary supervisors are responsible for designing training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns' progress in the program. Interns also attend weekly group consultation in Cognitive Processing Therapy with Dr. Resick.</p>
Research	<p>Interns have the opportunity to become involved in ongoing clinical research activities in the Women's Division, and are allotted up to four hours per week of research time. The interns' level of involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.</p> <p>Currently funded research in the Women's Division includes:</p> <p>Cognitive Processing Therapy (CPT) Intervention (Project within the Center of Excellence: Translational Research Center for TBI and Stress Disorders, Lew & McGlinchey, PIs). Principal Investigator: Ann Rasmusson. Veterans Administration RR&D</p> <p>Effectiveness of screening and treatment for PTSD in SUD patients. Principal Investigator: Rachel Kimerling, Ph.D.; Co-Investigator: Lisa Najavits, Ph.D. Department of Veterans Affairs.</p> <p>Enhancing BATTLEMIND: Preventing PTSD by Coping with Intrusive Thoughts. Principal Investigator: Jillian C Shipherd, Ph.D. Department of Defense.</p> <p>Evaluation of Military Sexual Trauma Screening and Treatment. Principal Investigators: Rachel Kimerling, Ph.D. & Amy Street, Ph.D. Veterans Affairs Health Services Research & Development.</p> <p>GABAergic Neurotransmission in PTSD. Principal Investigator: Ann Rasmusson. NIMH</p> <p>Gender, stigma, and other barriers to VHA use for OEF/OIF veterans. Principal Investigator: Dawne Vogt, PhD; Co-Investigators: Brett Litz, PhD, Suzanne Pineles, PhD, & Nina Sayer, PhD. Department of Veterans Affairs Health Services Research and Development.</p> <p>Influences on the Sustainability of Empirically Supported Psychotherapies. Principal Investigator: Shannon Wiltsey Stirman. National Institute of Mental Health Pathway to Independence (K99/R00) Award.</p>

MST Effects on PTSD and Health Behavior: A Longitudinal Study of Marines.
Principal Investigator: Jillian C. Shipherd, PhD; Co-Investigators: Patricia A. Resick, PhD, Suzanne Pineles, PhD., Dawne Vogt, Ph.D., Jaimie Gradus, M.P.H., & Ann Hendricks, Ph.D. Department of Veterans Affairs.

Neurobiological Predictors of Response to Cognitive Processing Therapy for PTSD in Women with and without Co-Morbid Major Depression. Principal Investigator: Ann Rasmusson. NARSAD

The Psychophysiology and Neurobiology of PTSD across the Menstrual Cycle.
Principal Investigator: Suzanne L. Pineles. Mentors: Resick, Patricia A., Orr, Scott P., Rasmusson, Ann M. Department of Veterans Affairs Career Development Award Program.

The Strong Star Multidisciplinary PTSD Research Consortium, Individual versus Group Cognitive Processing Therapy. Partnering Principal Investigator: Patricia Resick. Department of Defense.

Selected recent publications from the Women's Division include:

- Bell, M.E.**, Perez, S., Goodman, L.A., & Dutton, M.A. (In press). Battered women's perceptions of civil and criminal court helpfulness: The role of court outcome and process. *Violence Against Women*.
- Bell, M.E.**, Goodman, L.A., & Dutton, M.A. (2009). Variations in battered women's relationship course, emotional well-being, and experiences of abuse over time. *Psychology of Women Quarterly*, 33, 149-162.
- Davison, E. H.**, Pless, A. P., Gugliucci, M. R., King, L. A., King, D. W., Salgado, D. M., Spiro, A., III, & Bachrach, P. (2006). Late-life emergence of early-life trauma: The phenomenon of Late-Onset Stress Symptomatology among aging combat veterans. *Research on Aging*, 28, 84-114.
- Frayne, S. M., Halanych, J. H., Miller, D. R., Wang, F., Lin, H., Pogach, L., **Sharkansky, E. J.**, **Keane, T. M.**, Skinner, K. M., Rosen, C. S., & Berlowitz, D. R. (2005). Disparities in diabetes care: Impact of mental illness. *Archives of Internal Medicine*, 165, 2631-2638.
- Galovski, T.E., Monson, C., Bruce, S.E., & **Resick, P.A.** (2009) Does Cognitive-behavioral Therapy for PTSD Improve Perceived Health and Sleep Impairment? *Journal of Traumatic Stress*, 22, 197-204.
- Gutner, C.A., Rizvi, S.L., Monson, C.M., & **Resick, P.A.** (in press). Changes in coping strategies, relationship to the perpetrator, and posttraumatic distress in female crime victims. *Journal of Traumatic Stress*.
- Kaysen, D., Morris, M., Rizvi, S., & **Resick, P.A.** (2005). Peritraumatic responses and their relationship to perceptions of threat in female crime victims. *Violence Against Women*, 11, 1515-1535.
- Kimerling, R., **Street, A.E.**, Gima, K., & Smith, M.W. (2008). Evaluation of universal screening for military-related sexual trauma. *Psychiatric Services*, 59, 635 - 640.
- King, L. A., King, D. W., Vickers, K., **Davison, E. H.**, & Spiro, A., III (2007). Assessing late-onset stress symptomatology among aging combat veterans. *Aging and Mental Health*, 11(2), 175-191.

- Maguen, S., **Shipherd, J.C.** & Harris, H.N. (2005). Providing culturally sensitive care for transgendered patients. *Cognitive and Behavioral Practice*, 12, 479-490.
- Miller, M.W., & Resick, P.A.** (in press). Internalizing and externalizing subtypes in female sexual assault survivors: Implications for the understanding of complex PTSD. *Behavior Therapy*.
- Miller, M. W., Vogt, D. S.,** Mozley, S. L., **Kaloupek, D. G., & Keane, T. M.** (2006). PTSD and substance use: The mediating roles of disconstraint and negative emotionality. *Journal of Abnormal Psychology* 115(2), 369-379.
- Mitchell, K.S., & Mazzeo. (in press). Evaluation of a structural model of objectification theory and eating disorders among ethnically diverse undergraduate women. *Psychology of Women Quarterly*.
- Mitchell, K.S., Mazzeo, S.E., Aggen, S.A., Maes, H., Neale, M.C., & Bulik, C.M. (2008). Characteristics of monozygotic male and female twins discordant for overweight: A descriptive study. *Eating Behaviors*, 9, 366-369.
- Najavits, L. M.,** Ghinassi, F., Van Horn, A., Weiss, R. D., Siqueland, L., Frank, A., Thase, M. E., & Luborsky, L. (2004). Therapist satisfaction with four manual-based treatments on a national multisite trial: An exploratory study. *Psychotherapy: Theory, Research, Practice, Training*, 41, 26-34.
- Pineles, S.L., Shipherd, J.C.,** Mostoufi, S.M., Abramovitz, S.M., & Yovel, I. (in press). Attentional biases in PTSD: More evidence for interference. *Behaviour Research and Therapy*.
- Pineles, S.L.,** Orr, M., & Orr, S.P. (in press). An Alternative Scoring Method for Skin Conductance Responding in a Differential Fear Conditioning Paradigm with a Long-duration Conditioned Stimulus. *Psychophysiology*.
- Pineles, S., Shipherd, J.C.,** Mostoufi, S. Abramovitz, S. Yovel, I. (in press) Attentional biases in PTSD: More evidence for interference. *Behaviour Research and Therapy*.
- Pineles, S.L., Vogt, D.S., & Orr, S.P.** (2009). Personality and fear responses during conditioning: Beyond extraversion. *Personality and Individual Differences*, 46, 48-53.
- Rasmusson, A., & Scioli, E.** (in press). Neuropeptide Y, PTSD, and Long-term Health Consequences. *Experimental Biology*.
- Rasmusson A. M.,** Pinna, G., Paliwal, P., Weisman, D., Gottschalk, C., Charney, D.S., Krystal, J., & Guidotti, A. (2006). Decreased cerebrospinal fluid allopregnanolone levels in women with PTSD. *Biological Psychiatry*, 60, 704–713.
- Rasmusson, A.,** Wu, R., Paliwal, P., Anderson, G., & Krishnan-Sarin, S. (2006). Smoking abstinence-induced decreases in the ratio of plasma DHEA to cortisol may predict smoking relapse: A preliminary study. *Psychopharmacology*, 186, 473-480.
- Resick, P.,** Galovski, T., Uhlmansiek, M., Scher, C., Clum, G., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, 76, 243-258.

- Rizvi, S.L., Vogt, D., & **Resick, P.A.** (2009). Cognitive and affective predictors of treatment outcome in cognitive processing therapy and prolonged exposure for posttraumatic stress disorder. *Behaviour Research and Therapy*, 47, 737-743.
- Schnurr, P.P, Friedman, M.J., Engel, C.C., Foa, E.B., Shea, T., **Resick, P.A.**, James, K.E., & Chow, B.K. (2005). Issues in the design of multisite clinical trials of psychotherapy: VA Cooperative Study No. 494 as an example. *Contemporary Clinical Trials*, 26, 626-636.
- Shipherd, J.C., Pineles, S.L.**, Gradus, J.L., & **Resick, P.A.** (2009). Sexual Harassment in the Marines, Posttraumatic Stress Symptoms and Perceived Health: Evidence for Sex Differences. *Journal of Traumatic Stress*, 22(1), 3-10.
- Shipherd, J.C. & Salters-Pedneault, K., A.** (2008). Attention, Memory, Intrusive Thoughts and Acceptance in PTSD: An Update on the Empirical Literature for Clinicians. *Cognitive and Behavioral Practice*, 15(4), 349-363.
- Stirman S.W. (2008). The applicability of randomized controlled trials of psychosocial treatments for PTSD to a veteran population. *Journal of Psychiatric Practice*, 14, 199-208.
- Stirman, S.W., Buchhofer, R., McLaulin, J.B., Evans, A.C., & Beck, A.T., (in press). The Beck Initiative: A Public Academic Collaborative Partnership to Implement Cognitive Therapy in a Community Behavioral Health System. *Psychiatric Services*.
- Street, A.E., Vogt, D.**, & Dutra, L. (in press). A new generation of women Veterans: Stressors faced by women deployed to Iraq and Afghanistan. *Clinical Psychology Review*.
- Street, A.E.**, Gradus, J.L., Stafford, J., & Kelly, K. (2007). Gender differences in experiences of sexual harassment: Data from a male-dominated environment. *Journal of Consulting and Clinical Psychology*, 75, 464 – 474.
- Vogt, D.**, Proctor, S. P., King, D. W., King, L. A., & **Vasterling, J. J.** (2008). Validation of scales from the Deployment Risk and Resilience Inventory (DRRI) in a sample of Iraq War veterans. *Assessment*, 15(4), 391-403.
- Vogt, D. S.**, & Tanner, L. R. (2007). Risk and resilience factors for posttraumatic stress symptomatology in Gulf War I veterans. *Journal of Traumatic Stress*, 20, 27-38.
- Vogt, D.**, Bergeron, A., Salgado, D., Daley, J., Ouimette, P., & Wolfe, J. (2006). Barriers to VHA care in a nationally representative sample of women veterans. *Journal of General Internal Medicine*, 21, S19-25.

Severe Psychopathology

At the VA Boston Healthcare System – Brockton Campus

<p>Overview</p>	<p>The Severe Psychopathology rotation offers an integrated clinical training experience in Acute Inpatient Psychiatry and the Domiciliary, which is a residential treatment program for homeless veterans. This rotation is particularly appropriate for interns interested in learning or enhancing their knowledge of relational-psychodynamic models, psychological and neuropsychological assessment, risk assessment, and psychotherapeutic work with acute and chronically mentally ill patients. The intern develops skills in diagnostic interviewing, psychological and neuropsychological assessment, risk assessment, treatment planning, individual and group psychotherapy, application of evidence-based treatment paradigms to the unique needs of acute inpatients, and consultation with other disciplines and liaison across sites of care. Psychotherapy training includes opportunities to develop short-term cognitive behavioral and motivational interviewing techniques to address issues of substance abuse/dependence and dual diagnosis, and the selective application of different psychotherapeutic approaches (CBT, DBT, psychodynamic) to address patients' acute symptoms during their inpatient hospitalization. The intern assumes a significant role in the treatment process, and confronts complex system dynamics and ethical and medical-legal dilemmas. Intensive supervision is provided to help interns develop competence and professional identity in these settings.</p>
<p>Clinical Experience</p>	<p>Training occurs in two clinical settings: Acute Inpatient Psychiatry and the Domiciliary, a residential treatment program for homeless veterans. In addition to work within each of these settings, interns may sometimes have the opportunity to follow patients in a continuum of care through the initial phase of assessment and stabilization on the acute care units to the next phase of psychotherapeutic intervention and rehabilitation in the Domiciliary.</p> <p>Acute Inpatient Psychiatry: The intern spends the majority of time in this setting, with training based primarily on one of the acute inpatient teaching wards ("2-3-C"). The intern gains experience with psychiatric patients who represent the full spectrum of psychopathology and functional impairment, including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, personality disorders, co-morbid neurological disorders, and military-related polytrauma patients. There are also severe problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence are also characteristic problems which patients confront. Patients range in age from 20-90 and represent a variety of ethnicities including Hispanic, African-American, Caucasian, and Asian. Although the majority of the patients are male, there are ample opportunities to work with women veterans on the Women's sub-unit (an 8-bed wing of 2-3-C). This is one of the few general admission psychiatric wards for women in the VA system. Interns participate in a wide range of assessment, intervention, and treatment planning activities in this setting. The intern spends 3 days a week (Monday, Thursday, and Friday) here.</p>

	<p>Domiciliary: The Domiciliary was designated in 1999 as one of two Centers of Excellence in VA for rehabilitative treatment of homelessness. Working as a member of an interdisciplinary assessment and treatment team, and coordinating the implementation of a broad range of psychosocial strategies complements the intern's training in the inpatient setting. Extensive assessment and treatment of the dually diagnosed patient is emphasized. The intern has opportunities to develop complex biopsychosocial formulations, implement relapse prevention approaches, and track the effectiveness of interventions over an extended period of time. The intern is expected to lead or co-lead a cognitive-behaviorally oriented relapse prevention group, and has the option of participation in program development and research in homelessness intervention. The longer length of stay (approximately three months) and reduced acuity for Domiciliary vets allow the intern to work with patients in greater depth, receive input from treatment teams under less pressure, and observe and assess changes in attitude, emotion, and functioning which occur in a typical psychotherapy. The intern spends about eight hours per week in this setting.</p> <p>Summary: Interns typically find their experience on this rotation to be intense and challenging, but very rewarding. The intern is expected to assume an individual therapy caseload of approximately 3-4 inpatients and 2-4 Domiciliary patients, and lead or co-lead a total of 3 groups per week. For the eight-month rotation, the intern will complete eight full psychological and/or neuropsychological batteries (one per month), write four case formulations, lead and co-lead group psychotherapy, and participate in diagnostic interviews, treatment planning, family evaluations, risk assessments, and research. The intern on the 4-month rotation has the same clinical responsibilities as the eight-month rotation except that the intern will complete four full psychological and/or neuropsychological batteries (one per month), and two case formulations.</p>
Supervision	<p>John Pepple, Ph.D. and Benjamin Presskreischer, Psy.D, ABPP provide supervision on the inpatient unit for both psychotherapy and assessment. Assessment supervision is based on a multi-trait, multi-test paradigm, which requires an integration of findings from both objective (MMPI-2) and projective (Rorschach, TAT) tests, in conjunction with results of cognitive functioning (WAIS-IV, etc.), clinical and psychosocial history, and the results of clinical interview. Drs. Pepple and Presskreischer base their conceptual understanding on the integration of multiple theoretical perspectives, including relational models, cognitive behavioral models, and neuropsychological functioning as it relates to the onset, development, and rehabilitation and treatment of patients with complex biopsychosocial problems. Psychotherapy supervision is also provided from an integrated treatment perspective wherein interventions are selected (CBT, DBT, psychodynamic) depending on the treatment needs of the patients. In addition to supervision, Dr. Pepple is an active participant in the activities of the ward and engages in regular interdisciplinary team rounds and treatment planning, individual and group work, and assessment as is dictated by each patient's needs. James Curran, Ph.D. who uses a cognitive-behavioral perspective provides supervision on the Domiciliary. Dr. Curran is the</p>

	Program Manager of the Domiciliary and oversees admission, treatment, and crisis management. Dr. Curran also provides guidance for staff as patients make the transition to the community and attempt to readjust to life outside of the Domiciliary.
Research	Opportunities for research on this rotation include: inpatient program evaluation activities, critical review of research literature in risk assessment, development of a self-injurious behavior risk assessment protocol and participation in ongoing research on this protocol within the Boston VA Healthcare System. Pre-post case study reports, homelessness, and treatment outcomes are also areas of possible exploration.
Selection Criteria	Candidates with a strong interest in assessment and treatment of severe psychopathology should apply. The successful applicant will have completed a minimum of two full psychological testing batteries, which included the WAIS-III and multiple measures of psychopathology and personality. Prior testing experience using a combination of both objective and projective measures is a plus. Experience in the administration, scoring, and interpretation of Rorschach using the Exner system is also helpful. Additional experience with objective personality measures (the MMPI-II, MCMI, PAI) and neuropsychological instruments is also useful, but not required. It is not necessary to have had previous inpatient experience, or a specific theoretical orientation for this rotation

Brockton Substance Abuse Treatment Program

At the VA Boston Healthcare System – Brockton Campus

<p>Overview</p>	<p>The Alcohol and Drug Treatment Program (ADTP) and affiliated programs at the Brockton campus of VA Boston Healthcare System offer an array of care for veterans who identify alcohol and/or other psychoactive substance use as a problem. Depending on the level of care needed to address the substance use disorder, veterans participate in medical detoxification, residential treatment, therapeutic community, work therapy, and/or outpatient counseling. The ADTP Outpatient Clinic offers counseling and psychopharmacotherapy to veterans with co-existing mental health disorders and psychosocial problems, who are willing to focus on changing or discontinuing their substance use. The primary goal of the ADTP Outpatient Clinic is to deliver empirically-supported treatment modalities, including individual, couples, group, and family therapy. Couples therapy is provided by the Counseling Alcoholics' Marriages (CALM) Project, an internationally recognized evidence-based treatment model. An upcoming Intensive Alcohol and Drug Addiction Program (I-ADAPT) is designed for individuals requiring a level of care between that available from outpatient and residential substance abuse treatment. This rotation is offered both as an 8-month and as a 4-month experience.</p>
<p>Training Experiences</p>	<p>ADTP Outpatient Clinic: Interns who participate in an 8-month substance abuse treatment rotation at the Brockton campus provide comprehensive assessments, treatment, and follow up for veterans with a wide range of addictions and other psychological, medical, and psychosocial problems. They also maintain a caseload of individual psychotherapy patients, and co-lead both short and long-term groups. In addition, they may choose to develop and lead their own group. Emphasis is placed on interns becoming proficient in incorporating Motivational Interviewing, Cognitive-Behavioral, and DBT techniques into their clinical practice by the end of the internship experience. Interns also will learn of available community resources (e.g., AA/NA/GA, SMART Recovery). Interns also will have an opportunity to supervise a Master's level clinician in the Outpatient Clinic. The Outpatient Clinic training experience prepares interns to practice in a variety of treatment settings. It aims to assist interns in developing the essential risk management skills to successfully treat patients with substance use and other co-occurring disorders. The interdisciplinary clinical team provides ongoing consultation and collaborative approaches to support interns.</p> <p>Interns participating in the 4-month rotation receive an abbreviated, but similar training experience.</p> <p>Project CALM (Counseling for Alcoholics' Marriages): At Project CALM, staff and interns provide <i>Behavioral Couples Therapy (BCT)</i> for alcoholism and drug abuse patients. Project CALM research has demonstrated BCT's effectiveness in reducing</p>

	<p>substance use and partner violence and improving family functioning. CALM promotes recovery for the substance abuser and for the relationship. Interns learn state-of-the-art BCT techniques toward a goal of helping couples provide daily reinforcement for abstinence, decrease conflict about alcohol and drugs, build positive feelings, plan fun activities together, and learn new ways to communicate about problems and disagreements. In Project CALM, interns will learn to deliver BCT, first in co-therapy with experienced clinicians, and then with their own caseload of couples and family cases. For more information about the clinical methods and evidence base of BCT, go to www.bhrm.org and click on clinical guidelines, then addiction guidelines for the guideline on couples therapy or see O'Farrell, T.J. & Fals-Stewart, W. (2006). <i>Behavioral couples therapy for alcoholism and drug abuse</i>. New York: Guilford Press.</p> <p>Continuum of Care Services: While intern training focuses on outpatient care, interns will have the opportunity to interact with patients in clinics across the continuum of substance abuse services at the Brockton site. Interns may opt to provide brief motivational enhancement interventions to patients on the medical detoxification unit and may assist with case management and treatment planning as patients progress through other substance abuse clinics.</p> <p>Opportunities exist for additional program development based on interns' particular clinical and research interests.</p>
Supervision	<p>At the Brockton Substance Abuse Treatment Program, interns receive four hours of supervision each week. Drs. Judith Bayog and Kelly Green offer interns both individual and group supervision for the ADTP Outpatient Clinic training experiences, In Project CALM, interns are supervised by Drs. Timothy O'Farrell and Kevin Clancy.</p>
Research	<p>Development of research proficiencies is supported through ADTP and Project CALM. Clinical research is encouraged through Project CALM and much of the empirical support for Behavioral Couples Therapy in substance abuse has come from projects conducted here. Dr. O'Farrell currently has projects on behavioral couple's therapy for alcoholism and drug abuse, domestic violence among male and female alcoholic patients, and other aspects of families and addiction. He has a strong interest in collaborative research with trainees and fellows; 24 different fellows have co-authored at least one publication with him and over 90 of his publications have been co-authored with former fellows. Interns interested in joining ongoing projects or initiating small-scale projects with existing databases should make this interest known early in the training year. Interns with more modest research interests may opt to participate in ongoing Performance Improvement (PI) projects in ADTP, or the upcoming Intensive Alcohol and Drug Addiction Program of Treatment directed by Dr. Green.</p> <p>Examples of publications from this rotation include:</p> <p>Burdzovic, A.J., O'Farrell, T.J., & Fals-Stewart, W. (2006). Does alcoholism treatment for fathers benefit their children? Evidence from a longitudinal assessment. <i>Journal of Consulting and Clinical Psychology</i>, 74, 191-198.</p>

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Jamaica Plain Substance Abuse Treatment Program

At the VA Boston Healthcare System – Jamaica Plain Campus

Overview

The Substance Abuse Treatment Program (SATP) at the VA Boston Healthcare System - Jamaica Plain campus offers residential and outpatient treatment for veterans with alcohol and/or a wide range of drug problems. Many of the veterans in our programs also have co-occurring psychiatric conditions such as PTSD or depression, and are struggling with significant social problems such as homelessness and unemployment. The staff of the SATP includes a multidisciplinary staff from psychology, psychiatry, and social work. The intern has clinical responsibilities in both the residential treatment program and the outpatient clinic while on the rotation.

Training Sites

Residential: The Substance Abuse Residential Rehabilitation Program (SARRTP) offers six weeks of treatment for 20 veterans at a time. Working in the residential program, interns have the opportunity to strengthen their skills in assessment, group and individual therapy, and consultation. Groups focus on building and solidifying motivation and the development of coping skills to prevent relapse, regulate emotions, and build relationships, as well as promote lifestyle change. Individual therapy often focuses on helping veterans manage symptoms of depression, PTSD, other anxiety problems, or address motivational concerns. Consultation is generally with inpatient psychiatry, medicine, or other substance abuse treatment programs and includes screening for admission. Daily staff meetings provide an opportunity for a high level of intern involvement in treatment planning, which may include consultation with other services in the hospital and development of appropriate aftercare plans.

Outpatient: The Alcohol and Drug Treatment Program provides individual and group therapy for veterans who are motivated to work on making changes in their alcohol and/or drug use. In the outpatient program, interns will learn to conduct comprehensive intakes and to provide individual therapy on an outpatient basis focused on alcohol and/or drug problems as well as co-occurring problems including trauma-related symptoms stemming from childhood abuse, adult victimization, or military experiences, grief, coping with illness, or relational problems. Interns have the opportunity to learn both controlled drinking and abstinence-based models of treatment.

Length of Rotation: All of the clinical training opportunities described above are available for the interns working within the SATP rotation as part of the 8-month (Match) or four-month rotation length. Interns who train in this rotation for eight months will be exposed to a wider array of cases, many of which are appropriate for long-term intervention on an outpatient basis, and have more opportunities for program development.

Skill Development	<p>Interns should gain strong skills in consultation, assessment and therapy. The intern will become proficient in evidence-based treatments focused on substance use disorders including Relapse Prevention and Motivational Interviewing. Additional treatments that the intern will learn include Seeking Safety, Cognitive Processing Therapy, Dialectical Behavioral Therapy and Acceptance and Commitment Therapy. The intern should also develop strong skills in both group and individual therapy. The intern is an integral part of the treatment team and plays an important role in treatment and discharge planning.</p>
Training Opportunities	<p>The SATP currently provides training for interns and postdoctoral fellows in psychology, as well as psychology practicum students in their second and third year of training. While on the rotation, the intern has the opportunity to interact and participate in group as well as individual supervision with other trainees.</p>
Supervision	<p>The intern will be provided individual supervision by the major rotation supervisor and at least one other doctoral psychologist from the JP SATP. Altogether, interns receive at least four hours of supervision. Interns are also expected to participate in daily rounds and clinical team meetings.</p>
Research	<p>Rotation supervisors have research interests in the following areas: treatments for substance use disorders and treatment for co-occurring PTSD and substance use disorders, application of unique technologies to deliver evidence-based treatment to returning veterans, and risk reduction for individuals living with HIV. While on the rotation, interns have an opportunity to assist with grant submissions, research a topic of interest, and write a review article for publication, and/or develop program evaluation and performance improvement research in the SATP.</p> <p>Examples of publications from this rotation include:</p> <p>Berger-Greenstein, J. A., Cuevas, C. A., Brady, S. M., Trezza, G. R., Richardson, M. A., & Keane, T. M. (2007). Major depression with HIV/AIDS in Patients with HIV/AIDS and Substance Abuse. <i>AIDS Patient Care and STDs</i>, 21, 942-955.</p> <p>Trezza, G. R., & Scheft, H. (2008). Contemporary issues in the evaluation and management of alcohol- and drug-related crises. In Kleespies, P. M. (Ed). <i>Evaluating and Managing Behavioral Emergencies: An Evidence-Based Resource for the Mental Health Practitioner</i>. Washington, DC: American Psychological Association.</p> <p>Stepleman, L. M., Trezza, G. R., Santos, M., & Silberbogen, A. K. (2008). The integration of HIV training into internship curricula: An exploration and comparison of two models. <i>Training and Education in Professional Psychology</i>, 2, 35-41.</p> <p>Brief, D., Bollinger, A., Vielhauer, M., Berger, J., Brady, S. M., Buondonno, L., & Keane, T. (2004). Understanding the Interface of HIV, Trauma, PTSD, and Substance Use and Its Implications for Health Outcomes. <i>AIDS Care</i>, 16(Supplement 1); S97-S120.</p>

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Worcester Outpatient Clinic / Brockton Psychiatric Inpatient Assessment

At the VA Boston Healthcare System Community Based Outpatient Clinic – Worcester and the
VA Boston Healthcare System – Brockton Campus

Overview

Interns in this rotation spend three days per week at the Worcester Outpatient Clinic (WOPC) and one day per week in the Psychiatric Inpatient Service at the Brockton campus. Miriam Rubin, PhD, is the primary supervisor at WOPC, and Christopher AhnAllen, PhD, is the primary supervisor at Brockton.

The Worcester Outpatient Clinic (WOPC), a satellite ambulatory care facility, provides a broad range of psychological and medical services to veterans of greater Worcester County. Psychology services at WOPC are provided through the Mental Health Unit (MHU), administered by Lorraine Cavallaro, Ph.D., Director of the MHU, and staffed by a multi-disciplinary team consisting of Psychology, Psychiatry, and Social Work. Due to its distance from VA medical clinic, and accepting referrals from community agencies and veterans themselves centers, the WOPC-MHU functions largely as a free standing community mental health clinic, providing mental health consultation and support to medical staff within our clinic. The WOPC-MHU offers assessment and treatment including, but not limited to, the following areas: PTSD (combat and non-combat), mood and anxiety disorders, psychotic disorders, substance abuse, dual diagnosis, wellness (smoking cessation, stress management, sleep hygiene, weight management), anger management, medical psychology, marital, family and employment issues. The rotation coordinator and primary supervisor is Miriam Rubin, PhD. Additional supervision of group psychotherapy and assessment is provided by Lorraine Cavallaro, PhD, and Christina Hatgis, PhD.

A unique aspect of this rotation is the opportunity for interns to gain true generalist training in an outpatient setting. The clinical experiences and supervision offered on this rotation are geared towards this perspective, i.e., the development and refinement of assessment, diagnostic, conceptual and treatment skills necessary to become an independent psychologist prepared to handle “whoever comes through the door” in an outpatient setting. In addition, each intern will develop individualized training goals for their rotation, which may relate to gaining specialized experience with particular populations, diagnoses, or modalities. The relatively small size of the WOPC-MHU allows interns to work autonomously (but with close supervision) as an important member of the multidisciplinary team. Interns are likely to engage in the specific clinical activities listed below. However, training is tailored to each intern's level of experience, interests, and goals, and new clinical opportunities are frequently developed at WOPC-MHU in response to changing demands of our clinical population.

	<p>The intern's clinical experience at the WOPC-MHU is complemented by an intensive one day/week experience in performing assessments as a consultant to the Psychiatric Inpatient Service at the Brockton Campus. The Inpatient Service provides care to a diverse group of veterans who present with an array of psychiatric illness in an acute state. The intern will be engaged in addressing questions of differential diagnosis, risk status, and general cognitive functioning. This is an opportunity for prospective interns who are interested in becoming more skilled in the integration of multiple forms of clinical data including record review, clinical interviewing, and administration of valid and reliable measures for assessment purposes.</p>
Clinical Experience	<p>Please note: most of following are available in both the eight- and four-month rotations, however, psychotherapy cases assigned to the four month rotations will be selected based on appropriateness for short-term work.</p> <p>Assessment</p> <ul style="list-style-type: none"> ♦ Triage - Interns will have the opportunity to gain valuable experience in screening new consults sent to the WOPC-MHU from inpatient and outpatient sources, including medicine, neurology, cardiology, pain clinic, private providers and self-referrals, including veterans newly returned from combat. Screenings typically include initial diagnosis, assessment of risk, military sexual abuse, and recommendations for initiation of pharmacotherapy and psychotherapy. The Triage component utilizes a developmental model, with the intern progressing from observation of the work of senior clinicians (psychology and psychiatry), ultimately to independent evaluation and disposition planning. ♦ PTSD Assessment - WOPC-MHU interns can opt to receive a focused training in the assessment of post-traumatic stress disorder (PTSD). WOPC offers the vantage point of a busy outpatient clinic in which relatively rapid assessments are needed. PTSD assessments incorporate the Clinician Administered PTSD Scale (CAPS) and psycho-diagnostic clinical interviewing. The nature of the referrals often includes patients with significant psychiatric co-morbidities, and occasionally necessitates incorporation of standard psycho-diagnostic instruments such as the MMPI-2 or MCMI -2 as well as psychiatric triage and risk assessment. <i>Primary Supervisor: Christina Hatgis, Ph.D.</i> ♦ Psychiatric Inpatient Service - The intern will perform assessments including integrated psychodiagnostic and risk evaluations. The intern will develop expertise in the administration, scoring and conceptualization of data from personality instruments (including the PAI, MMPI-II), cognitive tests (including WAIS-IV, WMS-IV), risk measures (including Beck Scale for Suicide Ideation, Beck Hopelessness Scale), medical record review, and clinical interviewing. These evaluations will assess current functioning and provide treatment recommendations for inpatient and outpatient care. The goal is for the intern to become skilled in the interpretation of multiple forms of clinical data in order to formulate a diagnostic profile that guides psychiatric care. <i>Primary Supervisor: Christopher AhnAllen, Ph.D.</i>

Psychotherapy

- ♦ **Individual Psychotherapy:** Interns serve as the primary therapist for cases assigned to them, responsible for comprehensive bio-psychosocial assessments, treatment plans, progress notes, and discharge summaries. Supervision will emphasize the development of decision-making skills necessary for determining the type of therapy (duration, frequency, modality and technique) best suited to the unique needs of each client. Interns may also gain experience with couples and/or families as cases become available.
Primary Supervisor: Miriam Rubin, Ph.D.
- ♦ **Group Psychotherapy:** In the WOPC-MHU, interns gain experience with a variety of groups (see list below), both process-oriented and psycho-educational. Interns at WOPC-MHU are encouraged to gain experience in developing their own psycho-educational groups by choosing and preparing materials independently. Co-leading with supervisors is frequently used to benefit training, supervision, and group process. Interns may also have the opportunity to co-lead groups offered on the inpatient psychiatry service at the Brockton campus.
- ♦ **WWII Veterans PTSD Group:** This is a psycho-educational group for veterans who have been unable to integrate their traumatic military experiences and who may engage in destructive coping strategies as a result. These can include withdrawal through isolation or anger, or self-medication through chemical numbing of intrusive imagery and emotions. Topics of group discussion focus on concrete coping strategies to deal with veteran's sense of loss of self-esteem, difficulty functioning in diverse life roles, and end-of-life issues.
Primary Supervisor: Lorraine Cavallaro, Ph.D.
- ♦ **Managing Anger Program (MAP):** This is a series of structured 90 minute workshops utilizing developmental and cognitive behavioral approaches to anger management, including didactic presentation, awareness-raising exercises and role play. The MAP was designed by Dr. Rubin with substantial input from previous WOPC-MHU interns.
Primary Supervisor: Miriam Rubin, Ph.D.
- ♦ **Smoking Cessation Program:** This is a structured 6-week psycho-educational support group, which integrates pharmacological intervention (nicotine patches and Zyban), with cognitive-behavioral strategies for overcoming addiction to nicotine. Group process is also an important component of the group as members are encouraged to use the social support of the group as motivation to break their nicotine addiction.
Primary Supervisor: Miriam Rubin, Ph.D.
- ♦ **PTSD Group:** This is a 21-session 90-minute weekly group that combines the following subtopics: Understanding PTSD, Stress Management, and Anger Management for Veterans with PTSD. The group combines psycho-educational, cognitive-behavioral, and experiential skills training approaches, and is based on

	<p>manualized therapies developed at the National Center for PTSD and modified for use in a CBOC setting.</p> <p><i>Primary Supervisor: Christina Hatgis, Ph.D.</i></p> <ul style="list-style-type: none"> ♦ Sleep Disorders and Stress Management: These topics are combined in a series of 6 90 minute workshops, presenting classic stress reduction techniques and research-based cognitive behavioral methods for treating chronic insomnia. The workshop combines didactic presentations, worksheets, and relaxation exercises. <p><i>Primary Supervisor: Miriam Rubin, Ph.D.</i></p> <p>Evidence –based approaches: Interns have the opportunity to provide individual (or possibly group) psychotherapy in the following techniques</p> <ul style="list-style-type: none"> • Seeking Safety - for treatment of PTSD and substance abuse • Cognitive Processing Therapy (CPT) - for treatment of PTSD • Imagery Rehearsal Therapy (IRT) - for treatment of chronic nightmares <p>Additional clinical experience is may also be available to interns through a partnership with WOPC medical staff: for example, interns may choose to co-lead the MOVE (weight management group), or the diabetes education group in conjunction with nutrition or primary care staff.</p>
Supervision	<p>At WOPC-MHU, each intern receives approximately three hours of weekly individual supervision with Dr. Rubin, and additional supervision from Dr. Cavallaro and Dr. Hatgis as determined by the interns' clinical responsibilities. By sharing supervision among psychology staff, interns are given the opportunity to be supervised from a psychodynamic / object-relations framework, and a more cognitive-behavioral approach. The clinic is equipped for both audio-taping and videotaping of sessions for supervision. For assessment training at the Brockton campus, the intern will receive at least one hour of supervision with Dr. AhnAllen, with supervisory coverage and consultation available from other Brockton psychology staff as needed.</p>
Training in Supervision	<p>Interns have the opportunity to receive training in provision of clinical supervision by offering clinical supervision to a WOPC-MHU practicum student.</p>
Research	<p>Interns will have the opportunity to participate in a variety of research-related activities, depending on their personal interests and prior experience. Dr. Rubin's current interests include reviewing intervention literature related to anger management and sleep disorders related to PTSD (insomnia, nightmares, and sleep avoidance).</p> <p>Dr. Hatgis's research interests include dissemination of empirically-based treatments and identification of attitudes that may impact treatment engagement, such as stigma and gender-based motivational barriers. She is also interested in developing a tailored treatment for road rage for veterans with PTSD.</p>

Sample publications include:

Addis, M. E., & **Hatgis, C.** (2000). Values, practices, and the utilization of empirical critiques in the clinical triad. *Clinical Psychology: Science and Practice*, 7, 120-124.

Hatgis, C., Addis, M. E., Krasnow, A. D., Khazan, I. Z., Jacob, K., Chiancola, S., Dubois, D., Litter, A., Moran, & P., Scherz, J. (2001). Cross-fertilization versus transmission: Recommendations for developing a bi-directional approach to psychotherapy dissemination research. *Applied and Preventive Psychology: Current Scientific Perspectives*, 10, 37-49.

Caviness, C. M., **Hatgis, C.**, Anderson, B. J., Rosengard, C., Kiene, S. M., Friedmann, P. D., Stein, M. D. (2009). Three Brief Alcohol Screens for Detecting Hazardous Drinking in Incarcerated Women. *Journal of Studies on Alcohol and Drugs*, 70, 50-54.

Hatgis, C., Friedmann, P. D., & Wiener, M. (2008). Attributions of responsibility for addiction: The effects of gender and type of substance. *Substance Use and Misuse*, 43, 700-708.

Dr. AhnAllen's research interests include smoking in schizophrenia with a focus on neurocognitive effects of nicotine, smoking cue reactivity and caffeine. In addition, Dr. AhnAllen collaborates on studies of mental health service use by veterans from diverse backgrounds (Dr. Lester), self-injurious behavior (Dr. Kleespies) and smoking cessation in teenage smokers.

Samples of recent publications include:

Adolfo, A.B., **AhnAllen C.G.**, Tidey, J.W. (2009). Effects of smoking cues on caffeine urges in heavy smokers and caffeine consumers with and without schizophrenia. *Schizophrenia Research*, 107, 192-197.

AhnAllen, C.G., Nestor, P.G., Shenton, M.E., McCarley, R.W., & Niznikiewicz, M.A. (2008). Early withdrawal and nicotine patch effects on neurocognitive performance in schizophrenia. *Schizophrenia Research*, 100, 261-269.

AhnAllen, C.G., Nestor, P.G., Shenton, M.E., & McCarley, R.W. (2007). Assessing associative memory disturbances in schizophrenia: A retrieval-induced forgetting paradigm. *Psychiatry Research*, 150, 43-50.

Nestor, P.G., Piech, R., **Allen, C.**, Niznikiewicz, M., & McCarley, R.W. (2005). Retrieval induced forgetting in schizophrenia. *Schizophrenia Research*, 75, 199-209.

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Interns of the Boston Consortium in Clinical Psychology

Current Interns Class of 2009 – 2010

Kevin N. Alschuler of Eastern Michigan University
MaryBeth Bailar-Heath of Nova Southeastern University
Deirdre T. Brogan of Boston College
Teresa L. Carper of the University of Central Florida
Selby M. Conrad of the University of Kansas
Michelle M. Hilgeman of the University of Alabama at Tuscaloosa
Elizabeth J. Johnson of Virginia Polytechnic Institute and State University
Ida L. Kellison of the University of Florida
Amy E. Lawrence of Boston University
Mary Alice Mills of the University of Connecticut
Anne T. Molloy of Argosy University - Washington DC Campus
Erin E. Morgan of the University of California San Diego/San Diego State University
Sarah K. Noonan of the University of California San Diego/San Diego State University
Princess E. Osei-Bonsu of Saint Louis University
Ashley S. Pietrefesa of Binghamton University ~ State University of New York
Genevieve M. Pruneau of Auburn University
Daniel B. Rounsaville of the University of Maryland, Baltimore County
Stefan K. Schmertz of Georgia State University
Marika B. Solhan of the University of Missouri at Columbia

Interns from the Classes of 1998 – 2009

Allegheny University of Health Sciences	Finch University of Health Sciences/
Alliant International University ~ CSPP	Chicago Medical School
Antioch/New England Graduate School	Florida State University
Argosy University – Twin Cities Campus	Fuller Theological Seminary
Binghamton University ~ SUNY	George Washington University
Brigham Young University	Georgia State University
Boston College	Howard University
Boston University	Illinois Institute of Technology
Bowling Green State University	Illinois School of Professional Psychology
California School of Professional	Indiana University
Psychology ~ Alameda	Kent State University
California School of Professional	Lehigh University
Psychology ~ Los Angeles	Louisiana State University
California School of Professional	Michigan State University
Psychology ~ San Diego	New York University
Clark University	Northeastern University
Colorado State University	Northwestern University
DePaul University	Northwestern University Medical School
Drexel University	Nova Southeastern University
Duke University	Oklahoma State University
Emory University	Ohio State University
Farleigh Dickinson University	Ohio University
Fordham University	Pacific Graduate School

Pennsylvania State University
Pepperdine University
Rosalind Franklin University of Medicine
and Science
Rutgers ~ The State University of New
Jersey
Saint John's University
Saint Louis University
State University of New York at Buffalo
State University of New York at Stony Brook
Suffolk University
Syracuse University
Temple University
University of Alabama at Birmingham
University at Albany ~ SUNY
University of Arkansas
University of Arizona
University of California at Berkeley
University of California at Los Angeles
University of California at Santa Barbara
University of Central Florida
University of Cincinnati
University of Colorado
University of Connecticut
University of Delaware
University of Denver
University of Florida
University of Georgia
University of Hartford
University of Hawaii
University of Houston
University of Illinois at Chicago
University of Illinois at Urbana/Champaign
University of Kansas
University of Kentucky
University of Maine
University of Maryland at College Park

University of Maryland ~ Baltimore County
University of Massachusetts at Amherst
University of Massachusetts at Boston
University of Memphis
University of Miami
University of Minnesota
University of Missouri ~ Columbia
University of Missouri at Saint Louis
University of Montana
University of Nebraska ~ Lincoln
University of Nevada ~ Reno
University of New Mexico
University of North Carolina at Chapel Hill
University of North Texas
University of Oregon
University of Pittsburgh
University of Rhode Island
University of Saskatchewan
University of South Carolina
University of South Dakota
University of South Florida
University of Southern California
University of Southern Mississippi
University of Tennessee
University of Texas
University of Utah
University of Vermont
University of Washington
University of Windsor
Vanderbilt University
Virginia Polytechnic Institute and State
University
Washington University in St. Louis
Wayne State University
Western Michigan University
West Virginia University
Yale University

Faculty Biosketches

2009

Christopher G. AhnAllen, Ph.D. Dr. AhnAllen is a Staff Psychologist with the Psychiatric Inpatient Service on the Brockton Campus of the VA Boston Healthcare System. He is a psychologist on interdisciplinary inpatient treatment teams where he provides intensive individual and group psychotherapy, psychodiagnostic and risk evaluations, as well as other consultative services across the 4 psychiatric units that provide inpatient care for up to 112 veterans. He is an Instructor of Psychology within the Department of Psychiatry at Harvard Medical School and is involved in teaching and clinical supervision of psychiatry residents within the Harvard South Shore Psychiatry Residency Program. His primary research interests include the relationships amongst cigarette smoking, nicotine, cognition and schizophrenia. He also collaborates on studies that examine self-harm and suicidal behaviors, teen smoking, and use of mental health services amongst veterans of color. Dr. AhnAllen completed his education in clinical psychology at the University of Massachusetts Boston. He then completed a research postdoctoral fellowship with the Center for Alcohol and Addictions Studies at the Alpert Medical School of Brown University where he continues to hold an academic appointment as a Research Associate. He has also trained at the Brookline Community Mental Health Center, which is a local facility that provides psychological services to underprivileged persons.

Melissa Amick, Ph.D. Melissa Amick is a research psychologist in the Polytrauma and Traumatic Brain Injury Center. Her appointment as Assistant Professor of Psychiatry at Boston University School of Medicine is pending. She earned her Ph.D. in Clinical Psychology with a specialization in neuropsychology from Boston University in 2003. She completed an internship Neuropsychology through the GRECC at the Boston VA Healthcare System and a post-doctoral fellowship in Neuropsychology at the Memorial Hospital of Rhode Island, Alpert School of Medicine at Brown University. Her current research focuses on the impact of cognitive deficits on driving safety in neurological populations. Secondary research interests include in the adaptation of neuropsychological measures for internet administration and the neuropsychological characterization of non-motor symptoms of Parkinson's disease. Clinically, she provides neuropsychological assessments for patients in the Polytrauma Network Site and is available as a clinical and research supervisor for psychology trainees.

Judith A. Bayog, Ph.D. Dr. Bayog has made a career of working in public sector mental health services. For the past 20 years, she has been the Director of the Alcohol and Drug Outpatient Clinic at the Brockton Division of the VA Boston Healthcare System. She continues to be engaged in the delivery of clinical services to a veteran population presenting with alcohol and/or other psychoactive substance use disorders and other comorbid mental health disorders. She uses evidence-based treatments, including "Seeking Safety", CPT, CBT, CT, ACT, MI, and DBT. Dr. Bayog provides supervision for psychology interns and psychiatry residents. She is the primary supervisor for psychology interns who participate in the Brockton Substance Abuse Treatment Rotation. Currently, Dr. Bayog is a Clinical Instructor in Psychology in the Department of Psychiatry at Harvard Medical School. In the past, she has served as Chair of the Education Committee in the Department of Psychology at the VA Boston Healthcare System,

Brockton Division. In July 1996, she was awarded a Certificate in Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders. She lectures on CBT and MI and Substance Use Disorders. Dr. Bayog was a co-principle investigator on a funded RFP, a project designed to enhance substance abuse services at the Brockton Campus. Additionally, she contributes to ongoing performance improvement projects in the Mental Health Service. She is a member of the Local Psychology Board Committee.

Margret Bell, Ph.D. Dr. Bell is the Resource Development and Utilization Coordinator for the Military Sexual Trauma (MST) Support Team and a Staff Psychologist at the Women's Health Sciences Division of the National Center for PTSD. She earned her doctorate in counseling psychology from Boston College, a program that has a particular emphasis on community-based collaboration and the promotion of social justice. Before entering her current position, she completed a clinical postdoctoral fellowship with the National Center for PTSD/VA Boston HCS where she gained expertise in treating the aftereffects of trauma. Dr. Bell has worked with a number of interdisciplinary, policy-oriented teams designed to help systems, community agencies, and victims work collaboratively to respond to and prevent violence against women. Her research has largely been driven by a desire to use knowledge about the aftereffects of trauma and context of women's lives to inform the development of effective, victim-sensitive intervention programs and policies. She serves as a clinical supervisor, research mentor and research collaborator for trainees.

Kevin Brailey, Ph.D. Dr. Brailey is Staff Psychologist with the Center for Returning Veterans (CRV) and Director of the Practicum Training Program, VA Boston Healthcare System. He is also Assistant Professor of Psychiatry at Boston University School of Medicine. He received a doctorate in Cognitive and Clinical Psychology from Vanderbilt University, and completed internship at the Tufts University School of Medicine/Boston VA Medical Center Psychology Internship Consortium. Prior to returning to Boston in 2007, he served as PTSD Clinical Team Psychologist at the New Orleans VA Medical Center and as a Statistical Consultant with the VISN 16 Mental Illness Research Education and Clinical Center (MIRECC). His research interests focus on neurocognitive deficits and cognitive biases associated with stress-related disorders, with a current emphasis in returning OEF/OIF veterans on examination of cognitive deficits and functional alterations associated with PTSD and mild TBI. Within the internship program, he is a supervisor for the combined GMH/CRV rotation.

Deborah J. Brief, Ph.D. Dr. Brief is Section Chief for Substance Abuse Treatment Programs, VA Boston Healthcare System, Director of the Substance Abuse Residential Rehabilitation Treatment Program, and Outpatient Alcohol and Drug Treatment Program in JP. Dr. Brief is an Assistant Professor of Psychiatry at Boston University School of Medicine, Assistant Professor of Psychology, Boston University, and a faculty member of the Graduate School of Medical Sciences, Boston University School of Medicine. She has been involved in teaching and training interns, fellows, and practicum students in the assessment and treatment of substance use disorders for over 20 years in the VA Boston Healthcare System. Dr. Brief's research interests focus on evaluation of new treatments for substance use disorders and co-occurring substance use and PTSD, and the application of new methods of delivering treatment for substance use and PTSD.

Shaun M. Burns, Ph.D. Dr. Burns is a counseling psychologist and Clinical Director of the VA Boston Healthcare System's Primary Care Behavioral Health Program. Dr. Burns completed his doctoral studies in counseling psychology at Boston College in 2007. Research published by Dr. Burns examines the risks and benefits associated with perceptions of health's controllability and obstacles to employment experienced by people living with HIV/AIDS. His current research explores men's adjustment to chronic and life-threatening illnesses and treatment-related side-effects, and the impact of gender norms on men's and women's health and health-related behaviors.

Lorraine Cavallaro, Ph.D. Dr. Cavallaro is the Chief of the Mental Health Clinic at the Worcester Outpatient Clinic and an Assistant Professor in Psychology, Department of Psychiatry, Harvard Medical School. She has been supervising psychology interns for 18 years, previously serving as the Training Director for the Harvard Medical School/Brockton and West Roxbury Psychology Internship Program.

Mohit Chopra, M.D. Dr. Chopra is certified by the American Board of Psychiatry and Neurology (ABPN) in General Psychiatry (2004) and has ABPN sub-specialty certification in Geriatric Psychiatry (2006). He completed his Geriatric Psychiatry Fellowship at the University of Pennsylvania Health System in 2004. At VA Boston, he provides clinical services in the Brockton and Jamaica Plain Geriatric Mental Health Outpatient Clinics, and he provides psychiatric consultation to the Brockton Community Living Center. He is active in the Psychiatry Residency Training Program. He has special clinical and research interests in geriatric depression, dementia, and late life PTSD. He plays an active role consulting and collaborating with Geropsychology Interns and Fellows. Dr. Chopra is an Assistant Professor in the Department of Psychiatry at the Boston University School of Medicine, and is a Lecturer in Psychiatry at Harvard Medical School.

Kevin Clancy, Ph.D. Dr. Kevin Clancy is a counseling psychologist providing couples therapy to veterans and their spouses/partners in which there has also been a substance abuse problem for one or both partners. The emphasis is on cognitive-behavioral approaches which help to improve the relationship and which assist in extending sobriety for one or both partners.

Joanna C.M. Cole, Ph.D. Dr. Cole is the Director of Child Psychology Training and the Clinical Director in the Department of Child and Adolescent Psychiatry at Boston Medical Center. She earned her doctorate degree from the Curry School of Education Clinical and School Psychology Program at the University of Virginia. Her study on the risks of substance use for sexually abused adolescents hospitalized for psychiatric emergencies granted her recognition by the National Institute on Alcohol and Alcoholism and the College of Problems of Drug Dependence. Dr. Cole completed her pre-doctoral and post-doctoral training at Children's Hospital Boston, with specializations in medical psychology, pediatric HIV, and adolescent health. Her current research interests focus on high-risk adolescent sexual behaviors, substance use, trauma, and interventions with pregnant and parenting teens and young adults. Dr. Cole acts as the primary liaison for several departments at Boston Medical Center including the Adolescent Medicine Clinic, Teen/Tot Program, SPARK Center, Child Witness to Violence Program, and Pediatric Infectious Disease. Her clinical emphases are on increasing access to mental health care for vulnerable youth and implementing an effective transition network to bridge the clinical gap between adolescent and adult health care systems.

Allison Collins, Ph.D. Dr. Allison Collins is a clinical psychologist and project coordinator at the VA Boston Healthcare System. Her primary appointment is with the Medical Psychology Service. Dr. Collins has a combined specialty in Behavioral Medicine and PTSD. She provides both group and individual therapy to veterans with PTSD, other psychological difficulties, and various medical diagnoses. She supervises interns, practicum students, and postdoctoral fellows in the areas of weight management, diabetes management, and PTSD treatment and is a primary supervisor for an intern with the Medical Psychology service throughout the training year. Dr. Collins has strong research interests in the areas of PTSD, health promotion, weight management, and telehealth. She recently received funding to develop and evaluate a physical activity intervention to enhance existing weight management programming. She is currently coordinating a multi-year study to evaluate the effectiveness of an automated telephone intervention in promoting exercise in individuals with Type 2 Diabetes and another telehealth project designed to enhance diabetic self-care in patients with PTSD and Type 2 Diabetes.

Marcia S. Conant, Ph.D. Dr. Conant is a clinical psychologist in the Department of Child and Adolescent Psychiatry at Boston Medical Center. She earned her doctorate at the Derner Institute at Adelphi University, completed her internship in child psychology at Beaverbrook Guidance Center and her post-doctoral fellowship at the Gaebler Children's Center in Waltham, MA. Dr. Conant's interest in working with severely disturbed children led her to transition with this population from the Gaebler Center when it was closed, to work as the Director of Training at the Special Care Unit at Westwood Lodge where she developed a specialty in working with children with cognitive impairments and those on the autism spectrum. She continued her clinical work as the Director of Training at the Kennedy Hope Academy, a program jointly run by Franciscan Children's Hospital and McLean Hospital. In between these experiences, Dr. Conant worked as a clinician and supervisor at the Worcester Youth Guidance Center and Cambridge Hospital's Child Assessment Unit.

James P. Curran, Ph.D. James P. Curran, Ph.D. is the Clinical Director of the Brockton VAMC's Domiciliary (REACH) Program. Dr. Curran provides clinical program direction, treatment, and research at the Domiciliary. He earned his doctoral degree in Clinical Psychology from Florida State University and completed his pre-doctoral internship at the Brockton/West Roxbury VAMC. He holds a clinical appointment at the Harvard Medical School. His clinical orientation is cognitive-behavioral and areas of interest include the treatment of substance abusers and the psychosocial treatment of the chronically mentally ill. Dr. Curran has been supervising graduate students and psychology interns in the assessment and treatment of dually diagnosed homeless veterans for the past 12 years.

Erin Scott Daly, Ph.D. Dr. Daly is a clinical psychologist, Director of the Center for Returning Veterans, and Assistant Professor of Psychiatry in the Boston University School of Medicine. She earned her doctorate in clinical psychology from Temple University, and completed both her pre-doctoral internship and her postdoctoral fellowship within the VA Boston Healthcare System. She currently provides comprehensive assessment and psychological treatment for returning veterans presenting with a broad range of difficulties and provides supervision to psychology interns and post-doctoral fellows. In addition, Dr. Daly serves as VA Boston's mental health "champion" for OEF/OIF veterans.

Eve H. Davison, Ph.D. Dr. Davison is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD. She is Clinical Director of the Women's Stress Disorder Treatment Team, Director of Clinical Training for the Women's Division, and Assistant Professor of Psychiatry in the Boston University School of Medicine. She earned her doctorate from University of California, Santa Barbara, and completed a postdoctoral fellowship in clinical geropsychology at Hillside Hospital, Long Island Jewish Medical Center. She provides supervision to psychology and psychiatry trainees, and provides treatment to female military veterans with trauma histories. Her research lies in the area of trauma and aging, and she is currently researching late-life stress symptomatology in older women with early life histories of sexual trauma.

Lauren Dever, LICSW Ms. Dever is a Licensed Clinical Social Worker who provides clinical and case management services to homeless women veterans and women veterans at risk for homelessness. I am a member of an interdisciplinary team within the Women's Health Sciences Division. I have the opportunity to "share" case with other social workers, psychologists, psychiatrists, and students. I am trained in the Seeking Safety Protocol and was the Principal Investigator on a study re: to the Seeking Safety Protocol. I am also trained in Cognitive Processing Therapy. I provide individual and group therapy and have experience in family therapy. I currently supervise a social work intern and a LCSW level clinician. I provide crisis on call services for the Women's Transitional Residence Program at the VA Boston Healthcare System. I recently presented on homeless women veterans at the NASW Massachusetts Symposium.

Justin L. Enggasser, Ph.D. Dr. Enggasser is a Staff Psychologist at VA Boston Healthcare System, working in the Substance Abuse Residential Rehabilitation Treatment Programs at the Brockton and Jamaica Plain campuses of VA Boston Healthcare System and the outpatient Substance Abuse Treatment Program at the Jamaica Plain campus. He is an Instructor of Psychology in the Department of Psychiatry at Harvard Medical School. Clinical duties include clinical management of a residential substance abuse treatment program, direct clinical care, supervision of trainees, program development, performance improvement planning, and involvement in activities that insure clinical programs meet accreditation standards. Current research interests include developing and testing new treatment models (e.g., a gender-specific treatment protocol for women with substance use disorders) and treatment delivery methods (e.g., a Web-based treatment program for returning veterans with problem drinking) for substance use disorders.

Fe E. Festin, M.D. Since graduation from residency in 1990, Dr. Festin has played an administrative and teaching role in the training of psychiatry residents. Dr. Festin was initially appointed as Junior Assistant Residency Training Director for the Massachusetts Mental Health Center Residency Training program at the Brockton/West Roxbury VAMC and was promoted to Associate Residency Training Director in 1999. Dr. Festin made contributions to the training of psychiatry residents in this program, and assisted in gaining independent accreditation for what is now known as the Harvard South Shore Psychiatry Residency Program. Initially, the program had about 10 –14 residents. Currently, the residency has grown to about 32 psychiatry residents and has just been given full re-accreditation by the ACGME. Dr. Festin has collaborated with the training director in program planning, policy making, curriculum development, recruitment, selection and evaluation of residents. She is also the principal preceptor for the PGY 2

psychiatry residents when they rotate in the Acute Psychiatry service. Dr. Festin give talks, lectures and about 4 hours of weekly supervision. She serves on all the various training, curriculum, selection and evaluation/promotions committees. As the curriculum coordinator for the PGY 2 residents, she plans their didactics, rotations and schedules. Major didactics include courses in Inpatient Psychiatry, Adult Psychopathology (psychosis module), Child and Adolescent Psychopathology. Dr. Festin gives weekly morning rounds which focus on psychiatric assessment, enhancing interviewing and teaching skills, and oral board exam preparation. Every fall, she also teaches the 2nd year Harvard Medical students who come to the Brockton campus for their clinical exposure. She has been recognized for her teaching and was given the Outstanding Teaching Award for 2004-2005.

Dr. Festin's clinical activities involve a leadership role for the acute inpatient psychiatry service as its Medical Director and provision of clinical care for veterans admitted to the inpatient service. Dr. Festin has received outstanding ratings for her clinical performance. Likewise, she has been proactive in the reorganization of the acute inpatient psychiatry service, and has participated actively in implementing the admission criteria, ward policies and performance improvement measures. In 1995, she collaborated with the women's committee in founding the Women's Inpatient Psychiatry Sub-unit, an 8-bed female inpatient wing in acute psychiatry. This service has been able to accommodate as many as 12 women. This female wing is only 1 out of 4 female units in the entire VA system and is recognized nationally as a referral center for our female veterans needing acute inpatient care. Dr. Festin was also awarded a Special achievement award by the VA for her role in establishing this unit.

Lisa M. Fisher, Ph.D. Dr. Fisher is a clinical psychologist at the National Center and Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. She is the Associate Director for Clinical Programs within the Behavioral Science Division. She has been extensively involved in training since coming to the National Center in 1989, serving as a primary clinical supervisor for the PTSD intern rotation. Her clinical interests and experience are in the areas of PTSD, anxiety and psychotic disorders. Dr. Fisher also is an active clinical researcher.

Jessica M. Foley, Ph.D. Dr. Jessica Foley is a clinical neuropsychologist within the VA Boston Healthcare System, operating an outpatient neuropsychology assessment clinic within the Brockton division. She holds an academic appointment as Instructor in Psychiatry at Harvard Medical School. Dr. Foley completed her undergraduate education at Harvard University, and received a Ph.D. in Clinical Psychology in 2007 from Nova Southeastern University with a specialization in clinical neuropsychology. She completed a clinical neuropsychology internship at Brown Medical School, followed by a postdoctoral neuropsychology fellowship at the Semel Institute for Neuroscience and Human Behavior and Resnick Neuropsychiatric Hospital within the UCLA David Geffen School of Medicine. Her research interests fall in the area of geriatric neuropsychology, with a predominating focus in subcortical white matter impairment among neurodegenerative disorders of aging.

Laura Grande, Ph.D. Laura Grande received her Ph.D. in Clinical Psychology with a specialty in Neuropsychology from the University of Florida in 2002. She completed an internship in Neuropsychology under the supervision of William Milberg, Ph.D. at the Boston VA Healthcare System, and a post-doctoral fellowship in Geriatric Neuropsychology also at the Boston VA Healthcare System. In October 2007, Dr. Grande began her position as the Director of Clinical

Neuropsychology and her appointment as Assistant Professor at Boston University School of Medicine is pending. Her research has focused on the role of subcortical structures in selective attention, with a specific interest in inhibitory processes. Most recently she has extended her research interests to include the impact of blast exposure on cognitive functions in soldiers and veterans returning from deployment to Iraq.

Jasmeet Pannu Hayes, Ph.D. Dr. Pannu Hayes is a staff psychologist in the Behavioral Sciences Division of the National Center for PTSD and Assistant Professor of Psychiatry at Boston University School of Medicine. She is a core faculty member of the Neuroimaging Center, Boston VA, and director of the Trauma Memory Laboratory (TML). Dr. Pannu Hayes received her Ph.D. in clinical psychology (emphasis clinical neuropsychology) in 2006 from the University of Arizona. She completed her predoctoral internship in neuropsychology with Dr. William Milberg at the Boston Consortium and postdoctoral work with Drs. Kevin LaBar and Gregory McCarthy at the MIRECC, Durham VAMC, and Brain Imaging and Analysis Center at Duke University. She is currently funded by a career development award through NIH to study functional changes in the brain associated with trauma memory and emotion regulation using fMRI. Dr. Pannu Hayes' clinical interests include neuropsychological assessment of TBI and PTSD in returning OEF/OIF veterans.

Scott M. Hayes, Ph.D. Dr. Hayes is a neuropsychologist in the Neuroimaging Research Center and Memory Disorders Research Center at VA Boston. His research program focuses on investigating the neural underpinnings of memory using functional Magnetic Resonance Imaging (fMRI) and structural MRI (diffusion tensor imaging and volumetrics). Participants include healthy young and older adults, in addition to patient populations. His work with younger adults has investigated the neural correlates of incidental context effects and intentional context memory in object and face recognition. This work has shown that some brain regions, such as prefrontal cortex, play a general role in retrieval of contextual information, whereas other regions, such as the parahippocampal cortex, are preferentially involved in retrieval of specific types of context (scene information). In the domain of cognitive aging, his research focuses on individual differences and neuroplasticity. Although it is generally believed that aging is associated with ubiquitous cognitive decline, there is evidence that sub-groups of older adults perform as well as young adults on memory tasks, and these older adults typically show compensatory neural activity that mediates successful memory performance. These results have important implications for identification of individuals who may be at risk for neurodegenerative disease as well as identification of individuals who may benefit from cognitive training or rehabilitation.

Sigmund Hough, Ph.D., ABPP Dr. Hough received his college and masters degree in Developmental Psychology from Columbia University, and Doctorate in Clinical Psychology from Boston University. Dr. Hough holds ABPP board specialization in Rehabilitation Psychology. He is a clinical rehabilitation neuropsychologist assigned to the West Roxbury campus, Spinal Cord Injury Services. Dr. Hough is Assistant Professor in the Department of Psychiatry, Harvard Medical School, and Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine. Previously, he has served in the capacity of Clinical Director and Director of Psychological services at private rehabilitation facilities, case reviewer for a nationwide managed care company, and as a clinical service provider in both the public and private sector. He has served as Director, Postdoctoral Fellowship Training Program-Boston

Consortium in Clinical Psychology (affiliated with Boston University School of Medicine and Harvard Medical School). He is a Fellow in the National Academy of Neuropsychology, registered as a National Health Care Provider in Psychology, licensed in Massachusetts and Maine. He serves as Training Site Reviewer for the American Psychological Association and a CARF Surveyor, conducting medical facility accreditation site visits nationwide for the division of Medical Rehabilitation. He is an AASECT Certified Sex Therapist and Journal Editor of *Sexuality and Disability*. Dr. Hough is Webmaster/author of the VA Boston Healthcare System's Spinal Cord Injury Website. He is a member of the VA Boston Ethics Advisory Committee, the Palliative Care Consult Team, Professional Standards Board, Local Psychology Standards Board, and a member of Society for the Psychological Study of Ethnic Minority Issues, APA Div.45. His research interests are at the interface of neurological injury, rehabilitation, sexuality, and adjustment to life events. Dr. Hough serves as coordinator and supervisor of the Rehabilitation Psychology Internship rotation, Boston Consortium Psychology Internship Program. Dr. Hough serves as coordinator and supervisor of the Rehabilitation Psychology track as a part of the VA Psychology Postdoctoral Neuropsychology Training Program, as well as in the Practicum Psychology Training Program. Dr. Hough has co-authored a book chapter related to the process of JCAHO accreditation and published peer reviewed articles related to the interface of psychological issues and neurological/ rehabilitation/ life conditions. Member of the Editorial Board of *PsycCRITIQUES* and Journal Reviewer for several peer-reviewed journals such as the *Journal of Spinal Cord Medicine*, *Achieves of Physical Medicine & Rehabilitation*, *Journal of Head Trauma Rehabilitation and Spinal Cord*. Recipient of the *2004 Clinical Performance Award* from The American Association of Spinal Cord Injury Psychologists and Social Workers and the *2005 Award for Excellence in Postdoctoral Training* from The Association of Psychology Postdoctoral and Internship Centers (APPIC). He received the 2008-2009 Outstanding Supervisor award from the internship class of the Boston Consortium in Clinical Psychology. In 2008, Dr. Hough was elected to the office of Treasurer and Board of Directors of the Massachusetts Neuropsychological Society. Dr. Hough was elected to the Board of Directors of the American Association of Spinal Cord Injury Psychologists and Social Workers in 2007. In 2009, he was elected to the Governance Board and President of the Academy of Spinal Cord Injury Professionals- Psychologist and Social Workers Section.

Barbara W. Kamholz, Ph.D. Barbara Wolfsdorf Kamholz received her Ph.D. in clinical psychology from the University of Miami in 1998. Following completion of a clinical internship at the VABHS and an NIH-funded post-doctoral fellowship in combined treatment outcome research at Brown University, she returned to VA Boston. Dr. Kamholz is an Assistant Professor of Psychiatry and Psychology at Boston University. She is the Acting Assistant Director, VABHS Mental Health Outpatient Services, and Co-Director VABHS Mood Disorders Clinic. In addition, she supervises psychology interns and psychiatry residents in the assessment and empirically supported treatment of mood and related disorders. Her current clinical and research interests involve patients with affect-regulation disorders (including depression, posttraumatic stress disorder, and addiction). She is the Principal Investigator on two federally-funded grants (NIDA/NIMH and VA) focused on the evaluation and treatment of mood and coping difficulties among co-occurring psychiatric and addictive disorders, and is Co-Investigator on three additional federally-funded studies investigating similar issues.

Michele Karel, Ph.D. Dr. Karel is a Staff Psychologist at the Brockton division of the VA Boston Healthcare System. She is an Assistant Professor in the Department of Psychiatry, Harvard Medical School. She is a nationally known expert in the field of Geropsychology, with special interests in geropsychology training, medical decision making and advance care planning, late life depression, and psychotherapy with older adults. Dr. Karel directs the VA Boston Psychology Postdoctoral Fellowship Geropsychology training track, and coordinates Geropsychology training for Predoctoral Interns. She is the Brockton Site Director for the Internship program. She co-chaired the 2006 *National Conference on Training in Professional Geropsychology*, which produced the *Pikes Peak Model for Geropsychology Training*. She is leading a national task force to develop tools to evaluate development of professional geropsychology competencies. She has published widely regarding geriatric mental health, geropsychology training, and ethical issues in geriatric care, including a 2002 co-authored book on *Assessing and Treating Late Life Depression*. Dr. Karel provides clinical care in the Brockton Geriatric Mental Health Clinic, and supervises Interns and Fellows in that clinic as well as the Brockton Community Living Center. Dr. Karel serves on the VA Boston Ethics Advisory Committee.

Phillip M. Kleespies, Ph.D., ABPP Dr. Kleespies was awarded his doctoral degree in Clinical Psychology by Clark University in 1971. Dr. Kleespies is a Diplomate in Clinical Psychology of the American Board of Professional Psychology. He is a Fellow of the American Psychological Association (Division 12 - Society of Clinical Psychology). He has an appointment as Assistant Clinical Professor of Psychiatry at Boston University School of Medicine. Dr. Kleespies was the founding President of the Section on Clinical Emergencies and Crises (Section VII of Division 12, American Psychological Association) and remained on the Section's Board of Directors as Treasurer (2002-2007). He is now on the Advisory Board of Section VII. He continues to serve as the Chairperson of Section VII's Task Force on Education and Training in Behavioral Emergencies. Dr. Kleespies has numerous presentations and publications on the topics of evaluating and managing suicidal and violent behavior, end-of-life issues, and the impact of patient behavioral emergencies on clinicians. He is involved in instructing and supervising psychology interns in the evaluation and management of behavioral emergencies. His current research project is on the development of a database for the analysis of correlates of self-injurious behavior in a veteran population. He is editor of the books, *Emergencies in Mental Health Practice: Evaluation and Management* (NY: Guilford Press, 1998) and *Behavioral Emergencies: An Evidence-Based Resource for Evaluating and Managing Risk of Suicide, Violence, and Victimization* (Washington, DC: APA Books, 2009).

Dr. Kleespies is also a member of the VA Boston Ethics Advisory Committee and the VA Boston Palliative Care Consult Team. He has published and presented on topics relevant to the ethics of end-of-life care such as advance care planning, decision-making capacity, the refusal of life-sustaining treatment, the futility of treatment debate, and the assisted suicide debate. He is the author of the book *Life and Death Decisions: Psychological and Ethical Considerations in End-of-Life Care* (Washington, DC: APA Books, 2004), a book in which he discusses the psychologist's role in end-of-life care. He is currently functioning as a Clinical Psychologist with the Spinal Cord Injury Service on the West Roxbury campus of VA Boston.

Maxine Krengel, Ph.D. Dr. Maxine Krengel is a clinical and research neuropsychologist at the VA Boston Healthcare System, a member of the Boston University Neurology Associates

clinical faculty and an assistant professor in the department of neurology at the Boston University School of Medicine. Dr. Kregel is also an adjunct professor in the departments of Environmental Health and Behavioral Neurosciences at the Boston University School of Medicine and a Research Consultant at Spaulding Rehabilitation Hospital. Her clinical expertise is in the areas of developmental disorders, traumatic brain injury, neurotoxicant exposures, differential diagnosis of dementia and cognitive effects of stress and Gulf War related issues. Dr. Kregel's research experience includes studying the cognitive effects of surgery for treatment for Parkinson's disease and seizure disorders, the neuropsychological correlates of toxic exposures during Gulf deployment, and neuroimaging. She is the PI on a grant that is currently funded by the Department of Defense studying the neuroimaging correlates of pesticide exposure in Gulf War veterans. This grant is funded through 2010. In addition, Dr. Kregel is co-investigator on other grants, including the impact of blast munitions on cognition and mood in newly returning soldiers, the impact of telehealth treatment on mild TBI, a study of neuroimaging and cognitive correlates of GW-era veterans, the cognitive correlates of Deep Brain Stimulation for the treatment of Parkinson's disease, and the impact of seizure surgery on cognition and mood. Dr. Kregel has been supervising interns, practicum students and post-doctoral fellows at the VA Boston Healthcare System for 19 years. She also serves as a faculty supervisor at Boston University Medical School, department of neurology and neurosciences; Boston College Counseling Psychology Department; Lesley University Counseling Psychology Department and Expressive Therapies Department. Lastly, Dr. Kregel has been on the planning committee for Polytrauma conferences and has been an invited speaker on several occasions to discuss the cognitive and mood correlates of service in OEF/OIF.

Karen Krinsley, Ph.D. Dr. Krinsley is the PTSD Section Chief for VA Boston Healthcare System, responsible for administration of the PTSD programs across sites. She also is a parttime member of the clinical team at the National Center for PTSD, the Center for Returning Veterans, and an assistant professor of psychiatry at Boston University School of Medicine. She provides individual and group therapy and is a clinical supervisor of interns and postdoctoral fellows.

Stephen R. Lancey, Ph.D. Dr. Lancey is a clinical psychologist at the Jamaica Plain campus of the Boston Healthcare System. Dr. Lancey is the Director of Admissions and Accreditation for the Boston Consortium in Clinical Psychology and is the past Director of Clinical Training at the Jamaica Plain Campus. A graduate of the University of Notre Dame, Dr. Lancey completed his internship in psychology at the Boston VA Medical Center and his post-doctoral fellowship through Psychiatry Service at the same facility. Dr. Lancey has staff experience with Neurology Service at the VA Outpatient Clinic in Boston, Spinal Cord Injury Service at West Roxbury, Psychiatry Service, and Rehabilitation Medicine Services at Jamaica Plain. He is the director of informatics for Mental Health, and a clinical supervisor for trainees in the General Mental Health Clinic and Medical Psychology rotations. Dr. Lancey also serves as a Staff Mentor. He holds faculty positions as an Assistant Clinical Professor of Psychiatry at Tufts University School of Medicine and Senior Lecturer at Northeastern University.

Elizabeth C. Leritz, Ph.D. Dr. Leritz received her Ph.D. in Clinical Psychology with specialization in Neuropsychology from the University of Florida in 2004. She completed an internship and post-doctoral fellowship in Geriatric Neuropsychology at the Boston VA Healthcare System. Dr. Leritz is currently an investigator in the Geriatric Neuropsychology

Laboratory at the Boston VA, and is an Instructor of Medicine at Harvard Medical School and the Brigham and Women's Hospital Division of Aging. Dr. Leritz's early work focused on understanding how memory functioning is affected in individuals who are at risk for neurodegenerative diseases such as Alzheimer's disease (AD) and cerebrovascular disease (CVD). Since that time, she has broadened the scope of her work to include neuroimaging in order to better understand the interplay between risk factors and neuropsychological function. Her current research, supported by a Career Development Award from the National Institute of Neurologic Disorders and Stroke, examines the differential effects that AD and CVD risk factors have on brain structure and cognition. She will also determine how cognitive reserve mediates these relationships over time. Dr. Leritz also has clinical interests in the evaluation of language disorders and supervises trainees who are involved in Neurobehavioral Rounds.

Kristin M. Lester, Ph.D. Dr. Lester is a clinical psychologist for the VA Cognitive Processing Therapy (CPT) National Training Initiative sponsored by the Women's Health Sciences Division of the National Center for PTSD and the VA Office of Mental Health Services. She earned her doctorate from the University of Alabama at Birmingham and completed a postdoctoral fellowship in PTSD at the Boston Consortium in Clinical Psychology. Her clinical and research interests are in the treatment of PTSD, dissemination of evidence-based treatments, and ethnocultural issues that impact treatment. Dr. Lester supervises psychology trainees and provides treatment to female military veterans with trauma histories.

Brett T. Litz, Ph.D. Dr. Litz is a Professor of Psychiatry at Boston University and a staff member of the National Center for PTSD at the Boston VA. He is an internationally recognized expert on the mental health adaptation of forward deployed service members. He also conducts extensive research on early intervention for trauma and telehealth approaches to care. Dr. Litz is the PI on studies funded by the NIMH, Department of Defense, and the VA to explore risk and resilience factors that affect mental health adaptation of US military personnel across the lifespan and the efficacy of early mental health interventions for service members.

Rebekah Majors, Ph.D. Dr. Majors is a Staff Psychologist in the Center for Returning Veterans. She earned her doctorate from The Catholic University of America in Washington D.C. and completed her clinical internship at the VA Maryland Healthcare System/University of Maryland Consortium. Following internship, she completed a clinical postdoctoral fellowship within the Women's Health and Behavioral Sciences Division of the National Center for PTSD at VABHS. She provides individual, group, and couples therapy and is a clinical supervisor to psychology trainees. Her research interests include examining variables that impact psychotherapy process and outcome. Additionally, she is interested in the role of couples therapy in treating the sequelae of trauma.

Brian P. Marx, Ph.D. Dr. Marx is a staff psychologist at the Behavioral Science Division of the National Center for PTSD in the VA Boston Healthcare System. He also has a joint appointment as an Associate Professor of Psychiatry at Boston University School of Medicine. Dr. Marx received his Ph.D. in clinical psychology in 1996 from the University of Mississippi. Dr. Marx is an expert in behavior therapy, PTSD assessment, and the effects of trauma. He has published over 60 papers and book chapters, mostly focused on trauma and its sequelae. He serves on the editorial board of several scientific journals and has served as a grant reviewer for the National Institutes of Mental Health. Currently, he is funded by grants from the Departments of Defense

and Veterans Affairs. He currently supervises psychology interns and postdoctoral fellows in the assessment and treatment of PTSD.

Susan McGlynn, Ph.D., ABPP/cn Dr. McGlynn is the clinical neuropsychologist for the Polytrauma Network Site at the VA Boston Healthcare System. In this role, Dr. McGlynn works as part of a multidisciplinary treatment team in evaluating OIF/OEF patients for possible traumatic brain injury related to blast exposure or blunt head injury, developing treatment plans for patients, providing feedback regarding results and recommendations, and ensuring that appropriate mental health services are provided. Dr. McGlynn is active in training within the Neuropsychology programs, particularly in the area of polytrauma, and supervises psychology postdoctoral fellows, interns, and practicum students. She also serves as the co-leader of the Polytrauma Neuropsychology Fellowship Track. She established and continues to organize the Neuropsychology Lecture Series with guest speakers from academic and clinical institutions in the Boston area. Dr. McGlynn earned her doctorate in clinical psychology from the University of Arizona with a specialization in neuropsychology. She is board certified in Clinical Neuropsychology through the American Board of Professional Psychology. She completed her internship at the Brockton/West Roxbury VA Medical Center and post-doctoral work at McLean Hospital working with a psychiatric/geriatric population. She has extensive clinical experience working in an outpatient rehabilitation setting where she provided treatment and assessment of brain injured patients within a community re-entry program. Areas of interest include traumatic brain injury, deployment related cognitive disorders, metacognition/awareness of deficits, and rehabilitation. She actively consults on and facilitates research through the Defense and Veterans Brain Injury Center (DVBIC), the Polytrauma and TBI Research Center, and the TBI Center for Excellence.

William Milberg, Ph.D., ABPP/cn Dr. Milberg the director of neuropsychology training, is the founder and co-director of the Geriatric Neuropsychology laboratory, and the Associate Director of Research for the New England Geriatric Research, Education and Clinical Director. He is also the director of the participant characterization core for the newly funded VA Rehab R and D Center of Excellence: The Translational Research Center for TBI and Stress Disorders (TRACTS). The Geriatric Neuropsychology Laboratory has been funded for nearly thirty years to study such issues as semantic memory and attentional disorders in Alzheimer's disease, and the neural basis of the phenomenon of hemispatial neglect that occurs with stroke. We also have funded studies on conditioning and learning in Alcoholism. More recently we have become interested in the anatomical, physiological and neuropsychological characteristics of patients at risk for developing cerebrovascular disease. We have studies in place to examine study cerebral white matter changes and cerebral blood flow changes that are associated with these risk factors using advanced high resolution structural MRI morphometry. We continue to study neglect and have begun testing promising new treatments for some of these stroke related symptoms employing low level electric current used to stimulate the vestibular system and newly developed cognitive therapy techniques.

Mark W. Miller, Ph.D. Dr. Miller is a member of the National Center for PTSD faculty and an Associate Professor of Psychiatry at Boston University School of Medicine. He received his Ph.D. from Florida State University and completed his internship and post-doctoral training at the National Center for PTSD. His research focuses on the structure of PTSD comorbidity and its personality and genetic substrate and is funded by VA and NIMH. His is an Associate Editor

of *Psychological Trauma: Theory, Research, Practice and Policy* and serves on the editorial boards of the *Journal of Abnormal Psychology* and *Journal of Traumatic Stress*. Dr. Miller is the Director of the Clinical Research Fellowship Program and he supervises the research and clinical work of pre-doctoral interns, post-doctoral fellows, and clinical psychology graduate students.

DeAnna L. Mori, Ph.D. Dr. Mori is the Director of the Medical Psychology Service, and an Assistant Professor of Psychiatry at the Boston University School of Medicine. She earned her doctorate in Clinical Psychology at Vanderbilt University and completed her internship at the Boston VA. Her clinical interests include facilitating psychological adjustment to chronic illness and improving adherence to medical regimens, pre-surgical treatment decision making, and expanding patient access to treatment. Dr. Mori's research interests include using telehealth interventions to enhance medical adherence and to promote healthy lifestyle and physical activity in medical patients, and the comorbidity between medical illness and PTSD. She has had multiple federally funded grants that support her clinical research program. Dr. Mori has been supervising graduate students, psychology interns, and postdoctoral fellows in behavioral medicine assessment and treatment and research for 20 years.

Jennifer Moyer, Ph.D. Dr. Moyer earned her doctorate in Clinical Psychology from the University of Minnesota. She completed her internship, and postdoctoral fellowship in Geropsychology. Dr. Moyer is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and is the Director of the Geriatric Mental Health. Dr. Moyer leads a geropsychology research laboratory with two broad areas of study. First, in the area of capacity assessment she has led a research team investigating the key neuropsychological and clinical markers of capacity loss within diagnostic groups, with the goal of improving direct, performance-based measurement of capacity. In addition, she has studied the quality of clinician assessment for guardianship and its impact on juridical practice. In addition to being the author of more than 50 publications, she is the editor of three handbooks produced by the American Bar Association and American Psychological Association on capacity assessment. In her second area of research, improving access to mental health care for patients with medical and neurological illness, she has investigated the clinical and cost effectiveness of specialized mental health treatment and care coordination for older adults with complex comorbid conditions and is currently the site PI for a similar study for older adults with dementia and their caregivers. She is also examining unmet mental health needs in older patients following treatment for cancer. She has testified before the Senate Committee on Veterans Affairs regarding the outcomes of her research, and before the Joint Judiciary Committee of the Commonwealth of Massachusetts. She is a commissioner with the American Bar Association Commission on Law and Aging.

James Munroe, Ed.D. Dr. Munroe is a psychologist who has worked with the Department of Veterans Affairs Outpatient Clinic in Boston for over 30 years. His primary clinical focus is with Post Traumatic Stress Disorder (PTSD). He is Clinical Director of the Veterans Improvement Program and Deputy Director of the PTSD Outpatient Clinic. He was recently a Site Director of training for the Psychology Internship program and continues to provide supervision for couples therapy and supervision of supervision. As part of the Center for Returning Veterans, he has developed new non-stigmatizing approaches on transitioning war zone skills and is doing outreach work for returning veterans from Afghanistan and Iraq. He was also a disaster mental health volunteer with the Massachusetts Bay Chapter of the American Red

Cross for over fifteen years and served as Co-Lead of the Disaster Mental Health Service. He was also a member of the National Critical Response Team (CRT) of the American Red Cross and the local Rapid Action Team (RAT). He has responded to numerous events including the Egypt Air Crash, the Worcester Fire, the Newton School Bus Crash, the Wakefield Office Shooting, the 9/11 Family Assistance Center at Logan Airport, the Rhode Island Night Club Fire and Hurricane Katrina. He has conducted extensive trainings and presentations in the areas of trauma, secondary trauma, and disaster mental health. He received the Sarah Haley Memorial Award for Clinical Excellence from the International Society of Traumatic Stress Studies in 2001, and the Clara Barton Humanitarian Award from the Red Cross in 2002.

Lisa M. Najavits, Ph.D., ABPP Dr. Najavits is a Clinical Psychologist in the Women's Health Sciences Division of the National Center for PTSD; Professor of Psychiatry at Boston University School of Medicine; and Lecturer, Harvard Medical School. She earned her doctorate in clinical psychology from Vanderbilt University. She provides clinical and research training for practicum students, predoctoral interns, and postdoctoral fellows, and offers several seminars. Her areas of interest are co-occurring disorders (e.g., substance abuse and PTSD); development and empirical study of new psychotherapy manuals; and studying clinician factors (training, treatment dissemination, differences in outcomes). She has emphasized treatment and research on underserved populations such as women, minorities, and those with severe psychopathology. She is author of over 125 professional publications, 2 books, and is the recipient of numerous grants. She has been on staff at the Boston VA since 2005.

Barbara L. Niles, Ph.D. Dr. Barbara Niles is a staff psychologist at the Behavioral Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at the Boston University School of Medicine. Dr. Niles has expertise in working with veterans with PTSD and co-morbid disorders. Her research focuses on the promotion of health-promoting behaviors such as exercise and meditation in traumatized populations. Dr. Niles has been supervising graduate students, psychology interns, and postdoctoral fellows in assessment and treatment of PTSD and research for 15 years.

Timothy J. O'Farrell, Ph.D., ABPP Dr. O'Farrell is Professor of Psychology in the Harvard Medical School Department of Psychiatry at the VA Boston Healthcare System where he directs the Families and Addiction Program and the Counseling for Alcoholics' Marriages (CALM) Project. His clinical and research interests focus primarily on couple and family therapy in alcoholism and drug abuse treatment and various aspects of substance abusers' family relationships including partner violence, child functioning, and sexual adjustment. His 4 books include *Treating Alcohol Problems: Marital and Family Interventions* (1993) and *Behavioral Couples Therapy for Alcoholism and Drug Abuse* (2006).

David N. Osser, M.D. Dr. David Osser completed his M.D at the State University of New York, Syracuse in 1972, and went on to complete his residency in psychiatry at the Massachusetts Mental Health Center in 1976. Since completing his residency, Dr. Osser has held multiple teaching appointments and worked as a consulting psychiatrist at various Boston area psychiatric facilities, including the Massachusetts Mental Health Center, Tufts Medical School, and Harvard Medical. In 1995, Dr. Osser was appointed as a Staff Physician in Psychiatry at the VA Boston Healthcare System, Brockton Campus, where he has served as the consulting psychiatrist on the 44 bed domiciliary for homeless veterans. Dr. Osser has also been a distinguished contributor to

the Harvard South Shore Psychiatry Residency Training Program, particularly for his contributions regarding evidenced-based psychopharmacology. Dr. Osser has been recognized for his teaching contributions by receiving the Outstanding Teacher Award for the Harvard South Shore Psychiatry Residency Program in 1999, 2002, 2006, and 2007. Dr. Osser also has had multiple publications on evidenced-based psychopharmacology in peer-reviewed journals over the last 7 years.

John Otis, Ph.D. Dr. John Otis is an Assistant Professor of Psychology and Psychiatry at Boston University, and the Director of Pain Management Psychology Services at the VA Boston Healthcare System. He received his graduate training in Health Psychology at the University of Florida, specializing in the assessment and treatment of chronic pain. Dr. Otis has conducted research and produced scholarly writing about pain throughout the lifespan. Dr. Otis has focused his clinical research career on the development of innovative approaches to pain management, tailored to specialized patient populations. Dr. Otis currently has several funded research projects; one of his ongoing studies examines ways to develop pain management programs for patients with painful diabetic neuropathy, and his most recent project focuses on developing an integrated treatment for chronic pain and PTSD. Dr. Otis' other research interests include tailoring chronic pain treatments for older adults, and using telehealth technology for pain management. In addition, Dr. Otis has merged his interests in psychology and internet technology and has designed and is currently managing several psychology related websites. Dr. Otis supervises graduate students in the Psychology Pain Management Program.

John R. Pepple, Ph.D. Dr. Pepple is one of the major supervisors for both the Severe Psychopathology rotation and the WOPC-Brockton rotation. He earned his doctorate in Clinical Psychology from Michigan State University, and completed his pre-doctoral internship at the Massachusetts Mental Health Center. Dr. Pepple is an Assistant Professor of Psychology in the Department of Psychiatry at Harvard Medical School in the Teacher-Clinician Track. Prior to coming to our service, Dr. Pepple participated in major NIMH and VA Cooperative Study research initiatives investigating the neuropsychology and molecular genetics of schizophrenia, and has co-authored over 15 papers in these areas. He is currently a clinical neuropsychologist assigned to the Acute Psychiatry and Spinal Cord Injury Services on the Brockton Campus. In the area of assessment, Dr. Pepple's clinical and research interests include investigation of neuropsychological deficits in major psychiatric disorders, particularly in the domains of attention, memory, and executive function, and psychodiagnostic and personality assessment based on both objective and projective measures. As a clinician, Dr. Pepple approaches psychotherapy and behavior change from an integrated perspective, incorporating findings from neuroscience about the brain underpinnings for behavior change, with a psychodynamic and object relations conceptual framework, informed by the methods and findings of evidence-based practice. Dr. Pepple's major areas of interest as a psychotherapy supervisor are: motivational enhancement therapy; application of CBT, DBT, and mindfulness approaches for the acute treatment of trauma, affective dysregulation, self-injurious behavior, and suicidality; the common and specific factors for psychotherapy; and issues of transference and countertransference. Dr. Pepple has been supervising psychology interns and postdoctoral fellows in the assessment and treatment of male and female veterans with severe psychopathology for 18 years. He has mentored over 20 interns who have gone on to postdoctoral fellowships in neuropsychology, psychodiagnostic assessment, forensic psychology,

geropsychology, substance abuse, and PTSD, and 9 post-doctoral fellows in geropsychology who have moved on to productive clinical or research careers in that field.

Suzanne Pineles, Ph.D. Dr. Pineles is a clinical psychologist in the Women's Health Sciences Division of the National Center for PTSD (NCPTSD-WHSD) and Research Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Pineles provides supervision of clinical cases, attends WSDTT team meetings, and is available for research supervision. Her primary research interests are in the areas of cognitive and biological processes involved in maintaining PTSD. In particular, she is working on a series of studies assessing attentional biases in PTSD. She also has recently begun a career development award on the psychophysiology and neurobiology of PTSD across the menstrual cycle.

Benjamin Presskreischer, Psy.D., ABPP Dr. Presskreischer earned his doctoral degree in clinical psychology from the University of Denver, and completed his pre-doctoral internship at the Massachusetts mental health Center. In addition, to being licensed, he has completed the requirements for certification for clinical psychology through the American board of Professional Psychology (ABPP). Dr. Presskreischer is an Assistant Clinical Professor in Psychology, of the Department of psychiatry at Harvard medical School. His clinical orientation includes psychodynamic models, particularly self psychology. He teaches a seminar on psychotherapy to the psychology pre-doctoral interns. He also incorporates neuropsychological assessment in the understanding of brain-behavior relationships and its impact on social and personality functioning. Dr. Presskreischer is part of a team that studies suicide attempts and self injuries and was awarded a Kizer Grant to study this issue and make treatment recommendations. Dr. Presskreischer currently works on a Spinal Cord unit, and a Psychosocial Rehabilitation and Recovery Unity (PRRC). He continues to supervise, pre-doctoral psychology interns, post-doctoral fellows in geropsychology, and psychiatry residents.

Stephen Quinn, Ph.D. Dr. Stephen Quinn is a clinical psychologist in the Behavioral Sciences Division of the National Center for PTSD, and Site Training Director of the Consortium Internship program at the JP campus. Dr. Quinn has expertise in the assessment and treatment of traumatized populations with anxiety disorders, PTSD, and multiple co-morbidities. He supervises the clinical activities of practicum students, interns, and postdoctoral fellows. Dr. Quinn earned his doctorate in Clinical Psychology from The University at Albany, State University of New York. He is a registered Health Care Provider, licensed in Massachusetts.

Ann M. Rasmusson, M.D. Dr. Ann M. Rasmusson is a board-recertified psychiatrist who obtained her medical degree at the University of Chicago Pritzker School of Medicine and subsequently completed her residency in pediatrics at Johns Hopkins School of Medicine in Baltimore, MD, a 4-year postdoctoral research fellowship in neuropsychopharmacology at the Yale Child Study Center and Yale School of Medicine Department of Pharmacology, and a residency in psychiatry at Yale University School of Medicine. She was thereafter appointed as an assistant professor in the Department of Psychiatry at Yale and served as the medical director of the Veteran's Administration Specialized Inpatient PTSD Unit at VA Connecticut while setting up a basic research and human neuroendocrinology laboratories focused on increasing our understanding of the pathophysiology of PTSD. She subsequently steered her research toward understanding gender differences in the pathophysiology of PTSD and comorbid conditions such as depression and substance abuse with a focus on characterizing abnormalities in neuroactive

steroid responses to stress in women with PTSD. She is now investigating the pairing of pharmacological treatments that correct these abnormalities with new, empirically validated cognitive behavioral/exposure treatments to better treat patients with refractory PTSD. Dr. Rasmussen was recently recruited to VA Boston Healthcare System to collaborate with others in leadership positions to a) evenly develop PTSD treatment programs across the VA Boston clinical sites in a manner that will allow delivery of the best (and highly effective) evidence-based treatments for PTSD (e.g. Cognitive Processing Therapy- CPT, Prolonged Exposure - PE) to all veterans with PTSD, b) increase PTSD psychiatric staffing to allow optimum access of veterans to psychopharmacological treatments needed in a significant number of cases to augment response to the cognitive and exposure-based therapies, and c) smooth reciprocal access, coordination, and collaboration between VA treatment programs (substance abuse, traumatic brain injury, affective disorders). She is also developing a “clinic-based” systematic, data-driven examination of potential treatment format modifications or combinations that may improve treatment access and outcome. In addition, she will continue her funded research programs, as well as play a significant role in training new researchers at the National Center for PTSD, Women’s Health science Division and within the Boston University- and Harvard University-affiliated psychiatry residency and psychology programs.

Patricia A. Resick, Ph.D. Dr. Resick is the Director of the Women’s Health Sciences Division of the National Center for PTSD at the Veterans Affairs (VA) Boston Healthcare System. She is a Professor of Psychiatry and Psychology at Boston University. Dr. Resick received her Doctorate in Psychology from the University of Georgia. Over her career, she also served on the faculties of the University of South Dakota, the Medical University of South Carolina, and the University of Missouri-St. Louis. Dr. Resick has received grants from NIH, NIJ, CDC, SAMHSA, VA, and DoD to provide services and conduct research on the effects of traumatic events, particularly on women, and to develop and test therapeutic interventions for PTSD. Specifically, she developed and tested Cognitive Processing Therapy, an effective short term treatment for PTSD and corollary symptoms. She has published four books and over 150 journal articles and book chapters. Dr. Resick has served on the editorial boards of eight scientific journals; was on the Board of Directors of the International Society for Traumatic Stress Studies for six years including terms as Secretary and Vice-President and is now President. She has been a Board Member for the Association for the Advancement of Behavior Therapy (now ABCT) for two terms. She served as President during 2003-2004. Dr. Resick has received numerous awards for her research, including the Robert S. Laufer Memorial Award for Outstanding Scientific Achievement in the Field of PTSD, from the International Society for Traumatic Stress Studies and the 2009 Leadership Award by the Association for VA Psychologist Leaders. Since 2006 she has been leading a national VA initiative to disseminate Cognitive Processing Therapy throughout the country.

Miriam L. Rubin, Ph.D. Dr. Rubin is a staff psychologist at the Worcester Outpatient Clinic, a satellite of the VA Boston Healthcare System. In addition to providing individual and family assessments and psychotherapy to veterans presenting with a wide range of clinical issues, she is responsible for the development and administration of various behavioral health programs (including Smoking Cessation, Stress Management, and Chronic Insomnia). She developed the Managing Anger Program, a series of structured workshops for veterans that combine psycho-educational and experiential techniques. Dr. Rubin provides staff training in the Prevention and Management of Disruptive Behavior (PMDB). She also instructs the psychiatry residents on anger management techniques in the Cognitive-Behavioral Treatment (CBT) Seminar. Dr.

Rubin's clinical and research interests include the interaction of childhood and adult trauma, the use of cognitive behavioral techniques to address chronic insomnia and anger management related to anxiety. Dr. Rubin is a Clinical Instructor in Psychology, Department of Psychiatry, Harvard Medical School. She has been a primary supervisor to pre-doctoral psychology interns at the Worcester Outpatient Clinic since 1992.

Karen A. Ryabchenko, Ph.D. Dr. Ryabchenko is the Assistant Director of the PTSD Clinical Team. She earned her doctorate in Clinical Psychology at the State University of New York at Binghamton and completed her clinical internship and postdoctoral fellowship at the Boston VA. She was the Coordinator for PTSD and Returning Veterans Programs at the Bedford VA, before returning to Boston in 2009. She has been involved in the supervision and training of postdoctoral fellows, interns and practicum students at both Bedford and Boston. She specializes in the assessment and treatment of PTSD and other Axis I and II disorders. Her major clinical and research interests are in the areas of assessment and treatment of PTSD and its comorbidities, access to care, and program development, improvement, and evaluation.

Jennifer Schuster, Ph.D. Dr. Jennifer Schuster received her doctorate in Clinical Psychology from the University of Connecticut. She completed her predoctoral internship at the Greater Hartford Clinical Psychology Consortium and her postdoctoral fellowship in the Medical Psychology service through the VA Boston Psychology Postdoctoral Fellowship Program. Currently, she is a researcher and clinician in the Women's Health Sciences Division of the National Center for PTSD at VA Boston. Dr. Schuster has worked with a variety of trauma survivors, including combat veterans, adult survivors of childhood physical and sexual abuse, and victims of domestic violence. Her research interests include risk and resilience factors for PTSD and posttraumatic growth, the relationship between trauma and physical health outcomes, and evaluation of treatment interventions.

Erica Sharkansky, Ph.D. Dr. Sharkansky is a clinical psychologist in the Women's Health Sciences Division of the National Center and Assistant Professor of Psychiatry at Boston University School of Medicine. She supervises clinical activities of predoctoral and postdoctoral trainees. She has also supervised research activities of predoctoral trainees and has collaborated with postdoctoral fellows. Dr. Sharkansky earned her doctorate in Clinical Psychology from Indiana University. Her research and teaching interests lie in the areas the relationship between trauma exposure and healthcare utilization.

R. Keith Shaw, Ph.D. Dr. Shaw is the Internship Director of the Boston Consortium in Clinical Psychology and has served on the national level as a member of the executive committee of the VA Psychology Training Council (VAPTC), since its inception in 2008. He is a clinical psychologist and Assistant Professor in the Department of Psychiatry at the Boston University School of Medicine. Dr. Shaw served as director of VA Boston's Center for Returning Veterans (OEF/OIF), from its creation in 2005 until 2008, at which time he assumed his current additional role as Assistant Chief of Psychology for VA Boston Healthcare System. His clinical work and outreach activities have been entirely focused upon returning combat veterans. During his first year in VA Boston (2003 – 2004), he served as acting Deputy Director of the Women's Health Sciences Division of the NC-PTSD. Prior to 2003, Dr. Shaw worked for 19 years in Missouri's public mental health system, as the clinical director of a psychiatric hospital and in various other hospital, interagency, and regional mental health leadership roles. Those prior roles included

being a psychology department director and involvement in the creation of another psychology internship consortium. His interests include barriers to care in mental health for returning combat veterans, community psychology, interventions with families, and systems of care in mental health services.

Jillian C. Shipherd, Ph.D. Dr. Shipherd is a clinical psychologist at the Women's Health Sciences Division of the National Center for PTSD and an Associate Professor at Boston University's Department of Psychiatry at the School of Medicine. Dr. Shipherd's research interests are in the areas of psychopathology and treatment of PTSD. She has a series of studies examining the role of thought suppression and attentional processes in the maintenance of PTSD. In addition she is examining the inter-relationship between mental and physical health using a longitudinal dataset. Dr. Shipherd is also a nationally known expert on transgender health. She provides clinical, assessment, and research supervision for trainees at all levels. In addition, Dr. Shipherd provides mentorship on career development.

Amy Silberbogen, Ph.D. Dr. Silberbogen is a Clinical Psychologist and member of the Medical Psychology Department at the VA Boston Healthcare System. She is a Research Assistant Professor in Psychiatry at Boston University School of Medicine. In addition, Dr. Silberbogen is the Director of the VA Boston Psychology Postdoctoral Fellowship Training Program. Dr. Silberbogen has clinical and research interests in the assessment and treatment of a variety of chronic medical conditions, including hepatitis C, diabetes, HIV, and sexual dysfunction. Dr. Silberbogen is PI on several funded grants, including a VA Career Development Award, to assess the benefits of telehealth applications to address chronic medical illness and comorbid psychological distress. Dr. Silberbogen supervises graduate students, clinical psychology interns, and postdoctoral fellows on the Medical Psychology Service. She presents in didactic seminars for postdoctoral fellows and interns, and serves as a case discussant for clinical presentations.

Chris Skidmore, Ph.D. Dr. Skidmore is a clinical psychologist who works with the PTSD Clinic, Women's Stress Disorder Treatment Team, and the Substance Abuse Program. He received his PhD from Northwestern University in 2007 and trained as a Boston Consortium intern and postdoctoral fellow at VA Boston, prior to being hired as the Assistant Director of the PTSD Clinic in the Brockton VA. He now works as the VA Boston SUD-PTSD specialist. He has a strong commitment to maintaining the trainee-centered environment at VA Boston, has given presentations on PTSD treatment and substance abuse issues, and is the supervisor for the Seeking Safety program. He has clinical interests in empirically supported treatments for PTSD such as cognitive processing therapy and is a certified prolonged exposure therapist. He also has clinical interests in diversity issues in psychotherapy, dialectical behavior therapy, relapse prevention, cognitive-behavioral treatment of mood and anxiety disorders, and acceptance and commitment therapy. His research interests focus on PTSD treatment outcome and the relations between stigmatization and LGBT mental health.

Denise Sloan, Ph.D. Dr. Denise Sloan is Associate Director, Education, Behavioral Science Division, National Center for PTSD faculty and an Associate Professor of Psychiatry at Boston University School of Medicine. She is an expert on emotion in psychopathology and the use of narrative exposure as a treatment for trauma victims. In addition to authoring a series of studies on the effectiveness and underlying mechanisms of narrative exposure therapy, Dr. Sloan has

published papers on emotion regulation in psychopathology, the use of emotion in psychotherapy, and assessment of PTSD. Dr. Sloan has been supervising trainees (graduate students, interns and postdoctoral fellows) in the assessment and treatment of PTSD and related disorders, and has served as a research mentor for the past 10 years.

Carolyn Stead, Psy.D. Dr. Stead recently transitioned from postdoctoral fellow to staff in the General Mental Health Clinic and Mood and Anxiety Disorder Clinics of VA Boston Healthcare System. Dr. Stead received her doctorate from the Massachusetts School of Professional Psychology in 2008. After completing her internship in clinical psychology at Seacoast Mental Health Center in Portsmouth, NH, she pursued training in geriatrics and completed the postdoctoral fellowship in geropsychology at VA Boston. Her primary interests include dynamic and cognitive behavioral therapies, program development, and rural and access to care issues.

Amy Street, Ph.D. Dr. Street is psychologist at the Women's Health Sciences Division of the National Center for PTSD and an Assistant Professor of Psychiatry at Boston University School of Medicine. Since 2006 she has also served as the Director of the Education and Training Division of the National Military Sexual Trauma Support Team, a national policy, education and training resource team. Dr. Street has an active program of research investigating negative health outcomes associated with interpersonal trauma, including sexual harassment, sexual assault and intimate partner violence, in veteran and civilian populations. A secondary research interest involves examining the role that earlier traumatic experiences play in increasing an individual's risk for or influencing an individual's response to later traumatic experiences. Her research has received funding from the Department of Veterans Affairs and the National Institutes of Health. Dr. Street is also actively involved in the clinical treatment of female veterans suffering from PTSD and other stress-related psychological disorders through VA Boston's Women's Stress Disorder Treatment Team. Dr. Street is available as a clinical supervisor, research mentor and a research collaborator.

Casey Taft, Ph.D. Dr. Taft is a staff psychologist at the National Center for PTSD in the VA Boston Healthcare System, and Associate Professor of Psychiatry at Boston University School of Medicine. He was the 2006 Chaim Danieli Young Professional Award winner from the International Society for Traumatic Stress Studies, and the 2009 Linda Saltzman Memorial Intimate Partner Violence Researcher Award winner from the Institute on Violence, Abuse, and Trauma. Dr. Taft currently serves as PI on funded grants focusing on understanding and preventing partner violence through NIMH, the Department of Veterans Affairs, the Centers for Disease Control, and the Department of Defense.

David R. Topor, Ph.D. Dr. Topor is a Staff Psychologist at the Brockton campus of the VA Boston Healthcare System. He received his BA in psychology from The George Washington University in Washington, D.C. and his MA and PhD in clinical psychology from The University of North Carolina at Greensboro. He completed his pre-doctoral internship at South Florida State Hospital and was a postdoctoral fellow at Bradley Hospital/Brown Medical School. He currently provides individual, group, and family therapy for veterans with serious mental illness in the outpatient residential programs (PATH, PRRC). He serves as an instructor for the CBT course for third year psychiatry residents in the Harvard Medical School South Shore Psychiatry Residency Program. His current research interests include understanding the variables that impact the self-efficacy of psychology and psychiatry trainees in providing therapy as well as

developing measurement tools to assess the impact of role recovery programming for veterans with serious mental illness.

Jayne Trachman, M.D. Dr. Trachman is a board certified psychiatrist who has been on staff at the Boston VA Healthcare since 1993. Her role is as psychiatrist to the Women's Stress Disorders Treatment Team, the Women's Transitional Residence, and the clinical program of the Behavioral Sciences Division of the National Center for PTSD.

Kelly Trevino, Ph.D. Dr. Trevino received her Ph.D. in clinical psychology from Bowling Green State University in Bowling Green, OH in August 2007. She currently provides services in the Brockton VAMC Community Living Center, a facility that provides long-term care, subacute medical rehabilitation, hospice/palliative care, and respite care. She also leads the “Culture Change” effort at the Brockton Community Living Center, to shift long-term care services towards a more patient-centered, residential model of care. Dr. Trevino is working on interventions for disruptive behavior in the CLC and evaluation of the effectiveness of those interventions. Her research interests also include topics in the psychology of religion and spiritual coping in older adults.

Glenn R. Trezza, Ph.D. Dr. Trezza is Mental Health Coordinator of the Infectious Disease Clinic, Coordinator of the Substance Abuse Consultation Team, and a staff psychologist in the Substance Abuse Residential Rehabilitation Treatment Program, all at the VA Boston Healthcare System’s Jamaica Plain Division. He is also an Assistant Professor of Psychiatry at Boston University School of Medicine. Dr. Trezza has presented frequently on behavioral, psychiatric, and prevention issues in the field of HIV disease. He has also published articles on substance abuse triage, and on affect regulation. He has conducted numerous training workshops for professionals in the area of HIV. With his colleagues, he has been the recipient of a grant award related to medication adherence and to mental health and addiction treatment in the area of HIV. Dr. Trezza has been supervising psychology interns, practicum students, postdoctoral fellows, psychiatry residents, and research therapists working in the areas of HIV, substance abuse, and sexual abuse recovery for the past 15 years. Since 1994, Dr. Trezza has also served on the Consortium’s predoctoral internship Selection Committee.

Erin Winters Ulloa, Ph.D. Dr. Erin Ulloa is a clinical psychologist at the VA Boston Healthcare System and Assistant Professor in the Division of Psychiatry at Boston University School of Medicine. She obtained her Ph.D. in Clinical Psychology at the University of South Florida and completed her pre-doctoral internship at the Boston Consortium in Clinical Psychology. Her clinical work is primarily focused on behavioral medicine and she serves as a primary supervisor and research coordinator within the Medical Psychology service. Dr. Ulloa also serves as a study psychologist on a multi-site investigation of neuropsychological and mental health outcomes among military personnel who have served in the Iraq War. Dr. Ulloa’s research interests are in the areas of medical treatment decision making and the impact of trauma exposure on health outcomes.

Jennifer J. Vasterling, Ph.D. Dr. Vasterling is a clinical neuropsychologist with specialization in posttraumatic stress disorder (PTSD). Dr. Vasterling obtained her Ph.D. in psychology from Vanderbilt University in 1988, subsequently completing pre- and post-doctoral training in clinical neuropsychology at the Boston VA. Dr. Vasterling currently serves as the Chief of

Psychology at the VA Boston Healthcare System, as a clinical investigator within the Behavioral Sciences Division of the VA National Center for PTSD, and as a Professor of Psychiatry at Boston University School of Medicine. Dr. Vasterling's research has centered on furthering understanding of the cognitive and emotional changes that accompany war-zone deployment and posttraumatic stress responses. She has edited a book on neuropsychology and PTSD and currently serves on the Editorial Board of the JINS. Her recent work includes a longitudinal VA Cooperative Study examining neuropsychological and emotional outcomes of military deployment to Iraq. She is the author of over 80 chapter and journal articles and is internationally recognized for her work.

Melanie J. Vielhauer, Ph.D. Dr. Vielhauer is the General Mental Health (GMH) Section Chief for VA Boston Healthcare System, overseeing programs in GMH/Mood and Anxiety Disorders, Geriatric Mental Health, and Integrated Primary Care-Behavioral Health. She also serves as Director of the General Mental Health Clinic and Co-Director of the Mood and Anxiety Disorders Clinic at the Jamaica Plain campus. Dr. Vielhauer previously worked as a staff clinician/psychologist at the VA Boston Outpatient Clinic and the National Center for PTSD-Behavioral Science Division, and in clinical research at Boston Medical Center. Dr. Vielhauer has served as a clinical supervisor and assessment trainer for the Boston Consortium for the past 14 years, with particular expertise in the evaluation of trauma exposure and PTSD. She has collaborated on numerous research projects, primarily in the area of co-occurring PTSD and substance abuse, and co-authored several treatment manuals designed to enhance adherence to mental health and medical treatments.

Dawne Vogt, Ph.D. Dr. Vogt is a Research Psychologist in the Women's Health Sciences Division of the National Center for PTSD and Associate Professor of Psychiatry at Boston University School of Medicine. She is involved in the research training of predoctoral and postdoctoral trainees and is Section Leader for the research skills component of the core curriculum for the Predoctoral Internship Training Program. Her research interests are in military and deployment risk and resilience factors as they relate to mental health outcomes, stressors unique to women in the military, and stigma, gender, and other barriers to VA health-care use.

Anka Vujanovic, Ph.D. Dr. Vujanovic is a Staff Research Psychologist in the Behavioral Science Division of the National Center for PTSD. She received a doctoral degree in clinical psychology from the University of Vermont, upon completing the pre-doctoral internship training program at the Alpert Medical School of Brown University. Dr. Vujanovic's research interests are rooted in the examination of malleable cognitive-affective and behavioral risk and maintenance factors related to posttraumatic stress and substance use disorders. This program of work is guided by a translational framework, whereby more basic research is meant to inform the development of novel clinical intervention programs; and intervention trials guide the refinement of clinically-relevant basic science. Dr. Vujanovic has published over 35 scientific articles; and her work has been funded by the National Institute on Drug Abuse. Dr. Vujanovic is available as a clinical supervisor and research mentor.

Meredith Walker, LICSW Ms. Meredith Walker completed her Master's degree in Social Work at Boston University in May 2000. After completing her degree, she was employed as a mental health clinician by the University of Massachusetts Medical School at MCI-Framingham, which

is a women's correctional facility. In 2004, she was then appointed as Mental Health Director at UMASS Correctional Health for MCI-Framingham Prison and South Middlesex Minimum Security Prison in Framingham. In October of 2007, Ms. Walker was hired for her current position as the Local Recovery Coordinator and Inpatient and Detoxification Social Work Supervisor in Inpatient Psychiatry at the Brockton VAMC. In coordination with the Mental Health Director, Ms. Walker identifies and implements recovery oriented services within the Brockton VAMC. She is also the direct supervisor for social workers who provide clinical services (individual and group therapy), discharge planning, and case management services in the inpatient services. She also develops, implements, and expands psychosocial recovery oriented programming throughout the inpatient services.

Heather J. Walter, M.D., M.P.H. Dr. Walter is Chief, Child and Adolescent Psychiatry at Boston Medical Center and Professor of Psychiatry and Pediatrics and Vice-Chair, Psychiatry (for Child and Adolescent Psychiatry) at Boston University School of Medicine. She trained in general psychiatry at Bellevue Hospital/New York University Medical Center and in child and adolescent psychiatry at Columbia-Presbyterian Medical Center/New York State Psychiatric Institute. She also trained in preventive medicine at UCLA Medical Center and has an M.P.H. degree in epidemiology. She is board certified in general preventive medicine, public health, psychiatry, and child and adolescent psychiatry. Prior to coming to BU/BMC, Dr. Walter was Medical Director of Psychiatric Outpatient Services at Children's Memorial Hospital and Professor of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine. Her professional work has focused on the physical and mental health needs of vulnerable populations of children and adolescents. She has conducted federally-funded research on the development, implementation, and evaluation of prevention programs targeted at risk factors for cardiovascular disease, cancer, sexually transmitted diseases (including AIDS), and mental health problems, and has conducted foundation-funded research on the development, implementation, and evaluation of comprehensive mental health services in schools, and mental health services co-located in pediatric practices. In Illinois, she was a member of the Illinois Children's Mental Health Partnership, which advised the governor on matters pertaining to children's mental health, and in Massachusetts is a member of the Clinical Working Group of the Children's Behavioral Health Advisory Council, which advises the Council on the implementation of children's mental health services statewide, and a member of the Steering Committee of the Mayor of Boston's Step UP Initiative, which leads the Mayor's program of educational and mental health services in Boston public schools. Dr. Walter also chairs the Work Group on Quality Issues for the American Academy of Child and Adolescent Psychiatry, which develops national practice guidelines for child and adolescent psychiatry.

Heather M. Walton, Ph.D. Dr. Walton is a staff psychologist at the Brockton division of VA Boston. She earned her doctorate in Counseling Psychology from the University of Maryland, College Park. She completed her internship at the Boston Consortium and her postdoctoral fellowship at the VA in Bedford, MA. Dr. Walton works on the inpatient units at Brockton, including acute, long-term, and detox programs. She also currently serves as the Internship Curriculum Director and long-term case coordinator.

Melissa Wattenberg, Ph.D. Dr. Wattenberg also spearheaded group treatment of childhood trauma within the PTSD Clinic at Boston VA Outpatient Clinic. While her focus has been largely clinical and clinical-administrative, she has been involved in research locally and

nationally, and has published regarding group therapy for PTSD. Dr. Wattenberg has been a psychology internship supervisor since the early 1990's, often in the role of primary supervisor. She has also trained Practicum Students for 17 years, and has been integrally involved in the training of professionals from other disciplines over the past 18 years. She has organized and provided in-services and trainings locally, regionally, and nationally.

Kenneth Weiss, Psy.D. Dr. Weiss is a staff psychologist for the PTSD treatment program VA Boston Healthcare System, Brockton campus. Dr. Weiss earned his doctoral degree in clinical psychology from the University of Denver. He holds an academic appointment as a Clinical Instructor in Psychology for Harvard Medical School. Dr. Weiss has been involved in training and supervision for 25 years, and currently co-leads a seminar on psychotherapy/case conceptualization for the Consortium Internship Training program. He also provides psychotherapy supervision for psychology interns and psychiatry residents. Dr. Weiss has clinical interests in the integration of individual and family perspectives, in hypnosis, and in mind-body problems.

Thomas Worobec, M.D. Dr. Worobec received his Medical Degree at the University of Illinois in 1973, and subsequently completed his Residency in Psychiatry at the Massachusetts General Hospital, Boston, MA from 1974-1977. He also served as the Chief Resident at the Mental Hygiene and Behavioral Science Center, Court St. VA Clinic in 1976-1977. After completing his residency, Dr. Worobec was appointed in 1977 as a Staff Psychiatrist at the Brockton/West Roxbury VAMC and continues in this role today. He also has an appointment as an Instructor in Psychiatry, Harvard Medical School since 1977. From 1983-1993, Dr. Worobec was also the Chief of the Alcohol and Drug Dependence Program at the Brockton/West Roxbury VAMC. At present, Dr. Worobec is the Staff Psychiatrist in the Alcohol Drug Treatment Program for the VA Boston Healthcare System, Brockton Campus. In this role, Dr. Worobec provides pharmacotherapy for all veterans in this clinic who require combination treatment. Dr. Worobec also provides education and consultation regarding pharmacotherapy in the treatment of substance abuse/dependence for the Brockton Substance Abuse Consortium Intern and the Harvard South Shore Psychiatry Residents assigned to this clinic.